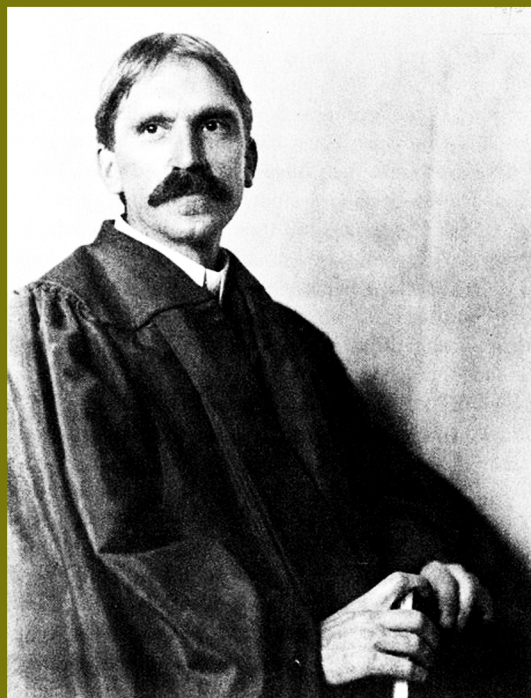




The International Journal of
INDIAN PSYCHOLOGY

Person of the Issue



John Dewey (1859-1952)

Editor in Chief:
Dr. Suresh M. Makvana
Editor:
Mr. Ankit P. Patel





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INDIAN PSYCHOLOGY

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October to December 2014

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Dr. Suresh M. Makvana

Co-Editor

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Message from Editorial Board

First and foremost, the IJIP team wishes all the writers and readers a very happy and prosperous Diwali and New Year.

The journey from October 2013 to October 2014 has been really amazing. Our experience so far has been extremely rewarding and we got to know many new writers, researchers and their creations. We received a lot of love from readers and writers for our Volume 1 of the journal. Due to your overwhelming response the International Journal of Indian Psychology was chosen in a survey by the Directory of Science to be ranked among many other such academic journals and we received a score of 19.67; claiming the first position of all the other journals throughout the world. For this, the IJIP team cannot thank you enough.

Now IJIP has entered its second phase. This includes the beginning of the Volume 2. With the change in Volume, some of the policies of our journal and its format have also changed a bit. We hope that these changes are up to your expectations and that they will not disappoint you.

We wish to congratulate all the people who have published their literature in the Volume 2, Issue 1, no. 3. We hope that your experience with IJIP has been fruitful and worthwhile.

Furthermore we would like to address the readers that the upcoming issues will contain a lot more literature for which you have been waiting for so long.

Thanking one and all,

Dr. Suresh Makvana,

Mr. Ankit Patel

And whole Team

Index of Volume 2, Issue 1, No.3

No.	Title	Author	Page No.
1	Person of the Issue: John Dewey (1859-1952)	Ankit Patel	01
2	Adjustment of Secondary School Students in Relation to their Gender	Mahesh D. Makwana Dr. S. M. Kaji	05
3	A Comparative study of Mental Health among Employed and Unemployed Young Technical Personnel	Dr. Manju Khokhar Dr. Vibha Nagar	13
4	An assessment of Adjustment Neuroticism among Cardiac patients	Dr. Thiyam Kiran Singh Roderick Monteiro	17
5	A Comparative Study of the Two Dimensions of Parenting Style and their Effects on the Self-Concept of Pre-Adolescents	Dr. Giselle D'souza Dr. Jennie Mendes	24
6	A Comparative study of Marital Adjustment among Employed and Unemployed Married Women of Urban and Rural Area	Dr. Krishna J. Vaghela	35
7	A Study of Adjustment of Married and Unmarried Employees in Industry	Dr. B. K. Gamit	41
8	Influence of Home Environment on Adolescent Psychological Well-being	Jeny Rapheal Deepa. K Damodaran Varghese Paul. K	47
9	The Effect of Employment and Working Place on Mood States of Employees	Dr. Bharat H. Mimrot	59

10	Attitude of College Going Youth towards Research in Tamilnadu	Dr. M. Suresh Kumar Mr. David Paul Mr. Vaskar Mutum Mr. Allwin Prabu	70
11	Role of Self Concept on Adjustment among Middle Aged Women	Pragati Dixit	79
12	Effect of Meditation on Stress Management of IBS Patients	Renu Tomer Dr. Mridula Sharma	89
13	Mindfulness and Impulsivity in Diabetes Mellitus	Jeevitaa S Krishna R Kashinath G M Nagaratna R Nagendra H R	95
14	Research on the Individual Development of Children by Eliminating Stressors	Costica Lupu	102
15	Perception of adult men and women regarding rape in Delhi, India	Binu Thomas Shilpa Sharma Veena Sharma	115
16	Culture and Intelligence	Shabnam	123
17	The curious case of medical negligence in Nigeria	Dennis Uba Donald	138

18	A Study of Various classes of police officers in the traffic division of Ahmedabad and their Work Stress/Anxiety/Worry	Mehul Mahendrabhai Patel	143
19	Student's Creativity in Relation to Locus of Control: a Study of Mysore University, India	Prof. Anu Singh Lather Dr. Shilpa Jain Ms. Anju Dwivedi Shukla	146
20	Perception of Burden and Stigma by Caretaker of Schizophrenia and Bipolar Disorder: a Comparative Study	Nandaniya KiritKumar L	166

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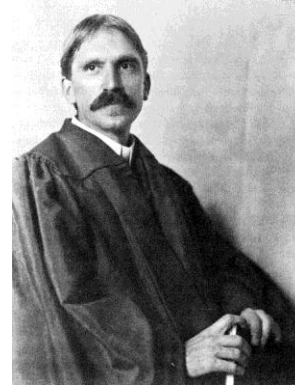


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Person of the Issue: John Dewey (1859-1952)

Ankit Patel*

Born	October 20, 1859 Burlington, Vermont, United States
Died	June 1, 1952 (aged 92) New York, United States
Alma mater	University of Vermont, Johns Hopkins University
Religion	Western Philosophy
Era	20th-century philosophy
School	Pragmatism
Main interests	Philosophy of education, Epistemology, Journalism, Ethics



John Dewey (October 20, 1859 – June 1, 1952) was an American philosopher, psychologist, and educational reformer whose ideas have been influential in education and social reform. Dewey is one of the primary figures associated with philosophy of pragmatism and is considered one of the founders of functional psychology. A well-known public intellectual, he was also a major voice of progressive education and liberalism. Although Dewey is known best for his publications about education, he also wrote about many other topics, including epistemology, metaphysics, aesthetics, art, logic, social theory, and ethics.

John Dewey graduated from the University of Vermont and spent three years as a high school teacher in Oil City, Pennsylvania. He then spent a year studying under the guidance of G. Stanley Hall at John Hopkins University in America's first psychology lab. After earning his Ph.D. from John Hopkins, Dewey went on to teach at the University of Michigan for nearly a decade.

In 1894, Dewey accepted a position as the chairman of the department of philosophy, psychology and pedagogy at the University of Chicago. It was at the University of Chicago that Dewey began to formalize his views that would contribute so heavily to the school of thought known as pragmatism. The central tenant of pragmatism is that the value, truth or meaning of an idea lies in its practical consequences. Dewey also helped establish the University of Chicago Laboratory Schools, where he was able to directly his apply his pedagogical theories.

Dewey eventually left the University of Chicago and became a professor of philosophy at Columbia University from 1904 until his retirement in 1930. In 1905, he became President of the American Psychological Association.

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Person of the Issue John Dewey (1859-1952)

Dewey's work had a vital influence on psychology, education and philosophy and he is often considered one of the greatest thinkers of the 20th-century. His emphasis on progressive education has contributed greatly to the use of experimentation rather than an authoritarian approach to knowledge. Dewey was also a prolific writer, publishing numerous books and articles on a wide range of subjects including education, art, nature, philosophy, ethics and democracy over his 65-year writing career.

TIME LINE

1. October 20, 1859 - John Dewey born at 186 South Willard Street, Burlington, Vt. His father, Archibald Sprague, was thriving in the grocer business and his mother Lucina Artemisia Rich was a devote Christian.
2. November 24, 1859 - Charles Darwin publishes *On the Origin of the Species*. In 1910 Dewey would publish the influential text, *Influence of Darwin on Philosophy and Other Essays*. New York: Henry Holt and Company (1910).
3. 1865 - Lee surrenders to Grant at Appomattox Court House on April 9, 1865, ending the Civil War. The 13th Amendment ends slavery.
4. 1879 - After studying with H.A.P. Torrey, who mentored Dewey in moral philosophy, Dewey graduates from the University of Vermont, Phi Beta Kappa.
5. 1882 - Journal of Speculative Philosophy published Dewey's first articles; "The Metaphysical Assumptions of Materialism" and "The Pantheism of Spinoza." Dewey decides to make philosophy his life pursuit.
6. 1884 - Dewey graduates with a doctoral degree from John Hopkins University after studying with Charles S. Pierce and George Sylvester Morris.
7. 1884 - Dewey hired as Associate Professor at University of Michigan and works with George Morris on Hegelianism.
8. 1886 - Dewey marries Alice Chipman. Dewey takes the position of the Head of the Philosophy Department at the University of Chicago which included the disciplines of psychology and pedagogy.
9. 1894 Dewey's two and a half year old son Morris dies of diphtheria in Italy.
10. 1897 - Guglielmo Marconi takes the radio, his invention, to the Wireless Telegraph and Signal Company Ltd. in London.
11. 1899 - Dewey elected President of the American Psychological Association and The School and Society, which had been a series of lectures, was published.
12. 1902 - Dewey founds the school of education at the University of Chicago. The University elementary and high schools became known as the Laboratory Schools.
13. 1904 - Dewey leaves Chicago and takes the position of Professor of Philosophy and Lectureship in Psychology at Columbia University.
14. 1910 - William James, one of the great American philosophers of pragmatism, dies.
15. 1904 - Dewey's son Gordon dies at the age of eight of typhoid fever in Ireland.
16. 1912 - Dewey argues that women's suffrage is necessary to complete the democratic movement. Dewey addresses the summer students at Columbia on women's suffrage.
17. 1912 - Emperor P'u Yi steps down from the Dragon Throne of the Manchu's. Doctor Sun Yatsen helps lead the revolution which had begun the year before in Sichuan province.
18. 1914 - Archduke Franz Ferdinand assassinated leading to World War I.

Person of the Issue John Dewey (1859-1952)

19. 1915 - Dewey presents a series of lectures for the John Calvin McNair Foundation at the University of North Carolina in February under the title "German Philosophy and Politics."
20. 1918-1919 - Dewey takes a leave from Columbia University and spends the first half of the winter lecturing at the University of California. Dewey then travels with Alice to China and Japan.
21. 1918 - President Wilson announces his famous Fourteen Points to a joint session of Congress on January 8, 1918. His speech laid the groundwork for the end of WWI.
22. 1920 - Dewey lectures at the Imperial University in Tokyo and then at National University in Peking. The Chinese lectures, published in Chinese, are now available in an English: John Dewey: Lectures in China 1919 - 1920.
23. August 18, 1920 - the Nineteenth Amendment is ratified giving women the right to vote.
24. 1924 - Dewey travels to Turkey by the invitation of the Turkish government for educational system reform.
25. 1925 - Experience and Nature published and Dewey's metaphysical philosophy attempts to dissolve past mind/body dualities.
26. 1926 - Alfred Barnes takes Dewey along with a group of students to the museums of Madrid, Paris, and Vienna.
27. July 14, 1927 - Alice Dewey dies in New York City. During her life Alice had profound influence on Dewey's philosophy of education.
28. 1930 - Dewey retires from Columbia and named Professor Emeritus.
29. 1931 - Dewey's infant granddaughter dies. Additionally, George H. Mead dies. Mead and Dewey along with colleagues James H. Tufts, James R. Angell, and Edward Scribner Ames formed the core of the Chicago School of Pragmatism.
30. 1932 - Immigrant Adolf Hitler gains German citizenship. The German physicist Albert Einstein is granted a visa to the United States.
31. 1933 - Dewey works to socialize government programs during the Depression years.
32. 1933 - Franklin D. Roosevelt inaugurated president. Advent of New Deal politics.
33. 1934 - Art as Experience is published. Dewey dedicates the book to Alfred Barnes. Dewey's thirteen year old grandson dies.
34. 1935 - The John Dewey Society is founded, dedicated to the study of school and society. Dewey publishes Liberalism and Social Action, a product of a series of lectures given at the University of Virginia.
35. 1937 - Dewey endorsed the Neutrality Act thinking that war would delay his social programs.
36. 1937 - Leon Trotsky charged with sedition against Stalin. In exile, Trotsky requested an impartial hearing and the American Committee for the defense of Leon Trotsky was formed. Dewey presided over the hearing as Honorary Chairman.
37. 1939 - Dr. Tsume-ch Yu, Chinese Consul General bestowed upon Dewey and Nicholas Murray Butler of Columbia the decoration of the Order of the Jade.
38. 1939 - Dewey changes his mind on the war and realizes that totalitarianism was a grave threat to the survival of democratic institutions in Europe. He publishes, "Higher Learning and the War" (American Association of University Professors Bulletin (Dec, 1939).
39. 1940 - Dewey, joined by Alfred North Whitehead, William P. Montague, and Curt John Ducasse, defended the scholarship of Bertrand Russell in New York City.
40. 1941 - The United States enters WWII after the Japanese attack on Pearl Harbor.

Person of the Issue John Dewey (1859-1952)

41. 1945 - 1948 - Dewey works with Arthur F. Bentley on a cooperative venture resulting in a number of articles published in the "Journal of Philosophy."
42. 1945 - On August 6th and 9th, atomic bombs are dropped on Hiroshima and Nagasaki by the United States.
43. 1949 - Dewey's 90th birthday. Press releases from Canada, England, France, Holland, Denmark, Sweden, Israel, Mexico, Turkey, Japan, and India were sent to Dewey for his ninetieth birthday. Tributes to Dewey in the United States were extensive.
44. 1949 - The Soviet Union tests its first atomic bomb. William Faulkner wins the Nobel Prize for literature.
45. 1952 - Dewey dies of pneumonia at his apartment in New York City on June 1, 1952. Dewey cremated at Fresh Pond Crematory, Middle Village, Queens, NY.
46. 1952 - Sidney Hook publishes *Some Memories of John Dewey*.
47. 1965 - Official United States Dewey Stamp released commemorating the life and works of John Dewey.w

ACADEMIC AWARDS

- 1943: Copernican Citation
- 1946: Doctor "honoris causa" – University of Oslo
- 1946: Doctor "honoris causa" – University of Pennsylvania
- 1951: Doctor "honoris causa" – Yale University
- 1951: Doctor "honoris causa" – University of Rome

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Adjustment of Secondary School Students in Relation to their Gender

Mahesh D. Makwana*, Dr. S. M. Kaji**

ABSTRACT:

The present investigation in to find out the Adjustment of Secondary School Students in Relation to their gender boys and girls. The sample consisted of 120 secondary school students out of which 60 where boys and 60 where girls. For this purpose of investigation “Adjustment Inventory” by Dr.R.S.Patel was used. The obtained data were analyzed through ‘t’ test to know the mean difference between secondary school students in relation to their gender. The result shows that there is no significant difference in Home, School and Emotional adjustment of boys and girls secondary school student. But there is significant difference in Social adjustment of boys & girls secondary school students at 0.05 level. It means boys are Social adjustment better than girls.

Keywords: Adjustment, Student, Boys, Girls

INTRODUCTION

Adjustment is a popular expression used by people in day to day life. For example, while traveling in a - bus Or a train, we often hear or use this term; even when a guest comes to stay with us for a few days we have to adjust him/her in our house. Though sometimes we face problems in making these adjustments, they are important to maintain personal as well as social peace and harmony. Adjustment can be viewed from two angles. Firstly, adjustment may be viewed as an achievement or how well a person handles his conflicts and overcomes the resulting tension. Secondly, adjustment may be looked upon as a process as to how a person adjusts or compromises to his conflicts. Thus adjustment maintains peace and harmony in home, school, and society and in the country. So Adjustment can be defined as a psychological process. It frequently involves coping with new standards and values. In the technical language of psychology, getting along with the members of the society as best as one can is called adjustment. The present study is an effort in that direction it aims at studying some schools students’ related variables as they can serve predictor variables of school adjustment.

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Adjustment of Secondary School Students in Relation to their Gender

Sharma (1995) conducted a study to identify the over and under achievers and comparing them with regard to adjustment in school, social and home area and found that there was significant difference among over, average and under achievers with regard to their adjustment in school, home, social, religious and miscellaneous area; the over achievers had better adjustment than the under achiever in all these areas of adjustment; those who had more effective adjustment in school, home, social, religion, and miscellaneous areas were over achievers and those having less effective adjustment in these areas were under achievers.

Kasinath (2003) studied interactive effect of mental health, school adjustment and socio economic status on academic achievement with the objective to find out the difference among students who were well adjusted and mal-adjusted to school environment differ in their academic achievement by taking a sample of 200 students (102 boys and 98 girls) with the age range of 15-16 years and found that mental health had significant determinant effect on achievement in school subjects; students having better social and emotional adjustment attain good academic scores.

Bookman (1996) studied academic adjustment in relation to scholastic achievement of secondary school pupils by taking a sample of 545 senior secondary school students and found that academic adjustment was significantly related to the scholastic performance; the scholastic performance and locality were unrelated; there was no difference among the subjects from urban, semi-urban and rural localities with regard to scholastic performance.

Singh (2010) studied mental health in relation to spiritual intelligence, altruism, school environment and academic achievement of senior secondary students and found that male students had significantly higher level of academic achievement than female students; students residing in urban area had significantly higher academic achievement than students residing in rural area; academic achievement of students studying in aided schools was significantly higher than students studying in government schools; academic achievement of students studying in unaided schools was significantly higher than students studying in government school; academic achievement of students studying in aided schools was significantly higher than students studying in unaided schools.

Thakkar (2003) studied academic achievement, adjustment and study habits of rural and urban students and found that there was no significant relationship in academic achievement and study habits for rural and urban students; there was positive significant difference between rural and urban students in adjustment areas of home, family, emotional and total but in the areas of social and educational adjustment the difference was not significant; there was no significant correlation between academic achievement and adjustment among rural and urban locality; a positive significant difference between low and high achieving students in the areas of home and family, personal and emotional, education, health and total adjustment; in social adjustment there was no significant difference between low and high achieving groups. On the urban locality, there was no significant difference between low achieving and high achieving students in all the five dimensions of adjustment; there was no significant difference between rural and urban boys

Adjustment of Secondary School Students in Relation to their Gender

with regards to academic achievement; adjustment pattern showed that urban boys were slightly better adjusted than their rural counterparts in the areas of home, family, personal, emotional and health adjustment; rural boys were slightly better adjusted in comparison to the urban students in the area of social adjustment; significant difference was observed between rural boys and urban boys in the areas of home, family, personal, emotional and health adjustment.

Singh (2006) studied the effect of socio-emotional climate of school on the adjustment of students and found that social climate of the school affects the emotional and total adjustment of students significantly; boys had significantly better health and emotional adjustment than girls whereas girls were significantly better in school adjustment than boys; girls were significantly better than boys in home and school adjustment at different levels of emotional climate of the school whereas boys were significantly better in emotional and health adjustment; social and emotional climate of the school and gender do not interact significantly with regard to home, health, social, school, emotional and total adjustment of students.

Jdaitawi M.T. et al (2011), Department of Counseling and Psychology, College of Arts and Science University Utara Malaysia, Emotional Intelligence in Modifying Social and Academic Adjustment among First Year University Students in North Jordan. The present study examines the influence of emotional intelligence training in increasing social and academic adjustment among first year university students in North Jordan. A total number of 289 first year university students who were randomly selected from the two universities in North Jordan comprised both the experimental and control group. The results of the study indicate significant mean differences between the two groups having emotional intelligence as a variable. Additionally, the results indicate no significant differences between experimental and control group on social and academic adjustment variables. Supported by no significant mean difference according to gender between participants but the results indicate significant mean differences according to age between them. Although the descriptive statistics results show no significant differences as expected; the experimental group is revealed to be more effective with participants in all the research variables. Therefore, it is recommended that emotional intelligence training should be utilized as adjunct strategy in enhancing student social and academic adjustment among adolescents and adult students.

Objective of the study:

The main objectives of the study were as under:

The purpose of the present study is the difference related to the home, school, social and Emotional adjustment of secondary school students in relation to their gender.

Adjustment of Secondary School Students in Relation to their Gender

Hypothesis:

1. There is no significant difference between home adjustments of secondary school students in relation to their gender.
2. There is no significant difference between school adjustments of secondary school students in relation to their gender.
3. There is no significant difference between social adjustments of secondary school students in relation to their gender.
4. There is no significant difference between emotional adjustments of secondary school students in relation to their gender.

METHOD:

Sample:

The present study was carried out on secondary school students of Ahmedabad District Gujarat. Elements of the study are 120 secondary school students out of which 60 were boys and 60 were girls' secondary school students.

Tool:

In the present investigation, the measure the Adjustment "Adjustment Inventory" by Dr. R.S. Patel (1998) was used. The adjustment inventory consists of 60 items with yes/ impartial /no response pattern. 15 were home, 15 were School, 15 Social & 15 were Emotional Adjustment Items. The reliability factor is Split Half 0.88 and test-retest 0.69 & Validity is 0.70.

Procedure:

The boys and Girls who were studying in Secondary School of different areas in Ahmedabad District, were randomly selected & Dr. R. S. Patel 'Adjustment Inventory' was given & data was collected. The obtained data from 120 boys and girls were analyzed with the help of mean, SD and 't' test.

RESULTS & DISCUSSION:

The main objective of the present study was to do a study of Adjustment of The secondary school students among boys and girls. In it, statistical method was used and their correlation was measured. Results and discussions of the present study are as under:

Adjustment of Secondary School Students in Relation to their Gender

Table No: 1, Showing the Mean, SD and 't' value of home adjustment of secondary school students among boys and girls.

Variable	No.	Mean	SD	Mean diff	SED	't'	Sig
Boys	60	11.03	2.47	0.08	0.43	0.195	NS
Girls	60	10.95	2.20				

Non significant at 0.05 level.

The above result table No. 1 we can see that 't' test was used to know the level of home adjustment secondary school students among boys and girls. where boys mean was 11.03 & SD was 2.47 and girls mean was 10.95 & SD was 2.20 and difference between their 't' values was 0.195 it was no significance at 0.05 level. The result shows that there is no significant mean difference home Adjustment of Secondary School Student in boys and girls. Thus the null hypothesis, I which states " There is no significant difference in the home adjustment level of secondary school students with respects to their home adjustment "no difference between boys and girls.

Table No: 2, Showing the Mean, SD and 't' value of school adjustment of secondary school students among boys and girls.

Variable	No.	Mean	SD	Mean diff	SED	't'	Sig
Boys	60	10.03	2.56	0.15	0.48	0.311	NS
Girls	60	10.18	2.73				

Non significant at 0.05 level.

The above result table No.2 we can see that 't' test was used to know the level of school adjustment secondary school students among boys and girls. where boys mean was 10.03 & SD was 2.56 and girls mean was 10.18 & SD was 2.73 and difference between their 't' values was 0.311 it was no significance at 0.05 level. The result shows that there is no significant mean difference school adjustment of secondary school student in boys and girls. Thus the null hypothesis, I which states "there is no significant difference in the school adjustment level of secondary school students with respects to their school adjustment" no difference between boys and girls.

Adjustment of Secondary School Students in Relation to their Gender

Table No: 3, Showing the Mean, SD and 't' value of social adjustment of secondary school students among boys and girls.

Variable	No.	Mean	SD	Mean		't'	Sig
				diff	SED		
Boys	60	11.75	2.10	0.82	0.39	2.11	Sig
Girls	60	10.93	2.14				

Significant at 0.05 level.

The above result table No.3 we can see that 't' test was used to know the level of social adjustment secondary school students among boys and girls. where boys mean was 11.75 & SD was 2.10 and girls mean was 10.93 & SD was 2.14 and difference between their 't' values was 2.11 it was significance at 0.05 level. Thus the null hypothesis, I which states "there is significant difference in the social adjustment level of secondary school student with respects to their social adjustment. Here null hypothesis was rejected and result shows that the social adjustment is high level of boys more than the girls.

Table No: 4, Showing the Mean, SD and 't' value of Emotional adjustment of secondary school students among boys and girls.

Variable	No.	Mean	SD	Mean		't'	Sig
				diff	SED		
Boys	60	9.60	2.58	0.61	0.43	1.42	NS
Girls	60	8.98	2.16				

Non significant at 0.05 level.

The above result table No.4 we can see that 't' test was used to know the level of Emotional Adjustment secondary school students among boys and girls. where boys mean was 9.60 & SD was 2.58 and girls mean was 8.98 & SD was 2.16 and difference between their 't' values was 1.42 it was no significance at 0.05 level. The result shows that there is no significant mean difference school adjustment of secondary school student in boys and girls. Thus the null hypothesis, I which states "there is no significant difference in the emotional adjustment level of secondary school students with respects to their emotional adjustment" no difference between boys and girls.

CONCLUSION :

We can conclude by data analysis as follows:

1. There is no significant mean difference in home adjustment of secondary school students in relation to their gender.
2. There is no significant mean difference in school adjustment of secondary school students in relation to their gender

Adjustment of Secondary School Students in Relation to their Gender

3. There is a significant mean difference in social adjustment of secondary school students in relation to their gender. boys students adjustment is more than girls.
4. There is no significant mean difference in emotional adjustment of secondary school students in relation to their gender.

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Adjustment of Secondary School Students in Relation to their Gender

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A Comparative study of Mental Health among Employed and Unemployed Young Technical Personnel

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ABSTRACT:

The Purpose of the present research paper is to highlight the mental health status of employed and unemployed young technical personnel who were recently employed and also on those who remain unemployed. Mental health status was measured by M.M.H.S.I. developed by Kumar and Thakur (1986). t-test was used to find out significant difference. Results obtained by t-test showed that young technical personnel who were employed have better mental health as compared to those who were not employed. Results were interpreted in terms of Indian socio-cultural milieu.

Keywords: *Mental Health, M.M.H.S.I. t-Test Socio-cultural milieu, technical personnel.*

INTRODUCTION

Psychologists since the last two decades vigorously studied mental health because of its indisputable importance for the proper adjustment of human being in various changeable situation (Ross et al. 1990; Bonne Joy & Coroli, 1994). Helliwell & Putnam (2004) found that impact of the employment on mental health is varied between young adults and those who were above 30 years. The cross sectional studies suggested that employment protect and foster good mental and physical health than unemployment (Kessler & Turner, 1987; Moser et al., 1986; Main 2002; Ferrie et al., 2002; Murphy et al., 2010).

Review of literature showed that employment increase power, status recognition social support as well other economic rewards. Most of these studies were conducted in industrially developed countries where socio-cultural and economic conditions are totally different from Indian socio-cultural scenario. Thus, deaths of studies in Indian context especially on young technical personnel impress us to select this problem. The present work focused on comparative study on mental health among employed and unemployed young technical (Both male/female). To achieve these above stated objectives following two hypotheses were formulated.

1. There were significant differences between mental health of employed and unemployed young technical personnel.
2. Male and female were significantly differ in their mental health status.

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METHODOLOGY

Research Site and Sample

The present investigation was conducted in an industrial complex of B.H.E.L. (Haridwar) and I.D.P.L (Rishikesh). Both were government undertaking Units. A sample of 100 young technical personnel was selected randomly and those consists of both male and female (employed & unemployed). Unemployed sample was selected on the basis of assumption of those who had not permanent employment (Part time work) in the work unit.

Tools Used

Mithila Mental Health Status Inventory (MMHS) developed by Kumar and Thakur (1984) was used for measuring the mental health of technical personnel. The scale consist of 50 items. Higher scores in the inventory refers to the poor mental health. Its reliability was .90 by split half method and validity was statistically significant by comparison method.

RESULTS AND DISCUSSION

t-test was used to analysed the data. The findings obtained by t-test was given in following tables.

Table-1

Mental Health between Employed and Unemployed Young Technical Personnel

Group Compared	N	Mean	S.D.	t-Value
Employed Young Personnel	50	123	10.1	3.22**
Unemployed Young Personnel	50	130	11.1	

** Significant at .01 level of significance

Table-2

Mental Health between Employed and Unemployed Male & Female young personnel

Grouped Compared	N	Mean	S.D.	t-Value
Employed Young Male personnel	25	125	10.9	1.39
Employed Young Female Personnel	25	121	9.23	
Unemployed Young Male Personnel	25	132	12.2	1.25
Unemployed Young Female Personnel	25	128	102	

INTERPRETATION & DISCUSSION

Table 1 depicted that t-value is significant at .01 level of significance. It is found that employed young technical personnel's have better mental health as compared to unemployed personnel.

A Comparative study of Mental Health among Employed and Unemployed Young Technical Personnel

While such no difference was existed between mental health of male and female technical personnel. But mean and SD values are showing that unemployed male have poor mental health as compared to unemployed female counter parts. Findings of the present work can be interpreted in forms of different aspects of mental health status. Better mental health among technical personnel (Both male/female) depend upon the nature of their employment (especially among technical personnel) which provide them feeling of security, status, autonomy and other socio-psychological aspects of work life. Murphy et al., (2010) found that employment is an important aspect for satisfying not only biologically and security needs but also various higher order needs.

On the other hand, unemployment is a major source of stress, helplessness, frustration, economic hardship and sometimes some serious problems such as burn out and depression, damage the individuals sense of self worth that perceived themselves as shameful by others. Thus, stress, insecurity, feeling of inferiority, anxiety etc. appears to be more intense consequence of unemployment which consequently affect the mental health status of young technical personnel. Dooley et al. (2000) explained that poor quality jobs are more likely to be associated with mental health problems than better quality of jobs. When male and female young technical personnel were compared on mental health status. It was found that female have better mental health as compared to their male counterparts some cross sectional studies (Bired, Fremont 1991; Bired and Ross 1993; OECD 2008; Breslin et al. 2008) also support out above stated findings. Thus, paper has applied applications for young technical personnel. Further, studies should be conduct on a large sample with varied variable to gain its practical application Indian scenario.

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An assessment of Adjustment Neuroticism among Cardiac patients

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ABSTRACT:

A heart-disease is a lifelong sickness, an irreversible condition that patients have to endure for life. The present study aims at assessing the adjustment–neuroticism of cardiac patients. A total sample of 60 out of which 33 chronic and 27 acute onset cardiac illness were collected from Vintage Hospital, Goa using Personal Data-Sheet and Adjustment-Neuroticism Dimensional Inventory. The result found chronic onset of their cardiac illness have more overall maladjustment when compare with acute cardiac illness and as well as most of the domains of adjustment namely ; Self Esteem - Self Inferiority, Nauturality – Obsessiveness, Independence – Dependence and Innocence – Guilt except calmness and anxiety. So it can be concluded from this study that chronic onsets of cardiac illness have more maladjustment when compare with acute onset of cardiac illness.

Keywords: *Assessment, Adjustment, Neuroticism, Cardiac Patients*

INTRODUCTION

Adjustment is defined as a relationship between the individual and his environment, and this relationship is learnt through experience, so adjustment is a form of learning. Adjustment is a process by which a living organism maintains a balance between its needs and circumstances that influence the satisfaction of those needs. An individual not only adapts biologically to different kind of physical demands and pressures but also needs to adjust psychologically and emotionally as he has to live and lead life in interdependence with other individuals throughout life. Neuroticism is a tendency to experience negative emotions easily such as anger, depression, anxiety or vulnerability. It is sometimes called emotional instability. Personalities of this type are characterized by self-centrism anxiety and avoidance. The purpose of the study is to find out whether there is any maladjustment to the chronic cardiac illness patients so as to help them by providing a good environment, better coping techniques with stressors and also acknowledging them how to prevent from further worsening. A study was conducted by MeKonnen, (2011) investigate whether cardiovascular disease is related to certain personality factors in African-American men. The result revealed that neuroticism was a better predictor of later in life development of cardiovascular disease than agreeableness.

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Promote positive social change by supporting clinicians, policy makers, researchers and the general public in understanding the role of personality factors (e.g., neuroticism) may play in interventions that can prevent cardiovascular disease.

METHODOLOGY

Objectives:

To study the pattern of adjustment-neuroticism and its dimensions among cardiac patients based on the onset of the cardiac disease (acute or chronic onset).

Sample size:

The population for the research comprised of 60 cardiac male and female between the ages of 35 years – 75 years.

Inclusion Criteria:

1. Patients suffering from chronic and acute heart illness or cardiac illness.
2. Cardiac patients with a minimum amount of formal education (primary education) were chosen as a part of the study.
3. Cardiac patients familiar with the English language were included as a part of the study.
4. Male and Female cardiac patients between the ages of 35 years – 75 years were chosen which were inclusive of males and females.

Exclusion Criteria:

1. Patients who are not suffering from cardiac illness.
2. Those who cannot give their consent for study.
3. Those that is illiterate.

Tools used for data collection:

1. Personal Data Sheet

The personal data sheet was used to obtain relevant demographic and psycho-medico information of the sample.

2. The Adjustment Neuroticism Dimension Inventory (ANDI) of Singh and Bhargava (1999) measures seven dimensions of adjustment neuroticism through 105 questions which are presented in a mixed way. Retesting reliability coefficients have been ascertained for total score and scores in each primary dimension were as follows: Self esteem – Self inferiority (0.74), Happiness – Depression(0.78), Calmness – Anxiety (0.65), Naturality – Obsessiveness (0.83), Independence – Dependence (0.89), Feelings of being healthy – Hypochondriasis (0.68),

An assessment of Adjustment Neuroticism among Cardiac patients

Innocence – Guilt feelings (0.73) and Total ANDI (0.79). Retesting was done after an interval of three weeks – their values (.65 to .89) are quite satisfactory. To ensure construct validity of the test, the questions have been selected from research supported by Eysenck and Wilson (1975). To establish internal validity questions have been selected on the basis of their power of discrimination. Their values are quite satisfactory (.30 to .70). To ascertain predictive validity, persons belonging to lowest (sten score 1 and 2) and highest groups (sten score 9 and 10) were interviewed and observed.

Procedure:

A sample of 60 cardiac patients, both males and females were included in the study. Information was gathered about cardiac patients using personal data sheet and Adjustment Neuroticism Dimensional Inventory (ANDI). All the questionnaires were distributed among the cardiac patients who fulfilled the inclusion criteria. While giving out the questionnaires, brief and concise information about the research and the purpose of the study was communicated to the participants.

STATISTICAL ANALYSIS

Percentage mapping was used to draw a pattern of Adjustment – Neuroticism among the sample.

RESULTS:

Table: Indicating percentages for Adjustment – Neuroticism and its dimensions based on Onset.

A-N & ITS DIMENSIONS	ONSET	<i>Well-Adjustment</i>	<i>Normal Status</i>	<i>Mal-Adjustment</i>
SELF ESTEEM – SELF INFERIORITY	Acute	46.2%	42.3%	11.5%
	Chronic	47.1%	32.4%	20.6%
HAPPINESS – DEPRESSION	Acute	34.6%	26.9%	38.5%
	Chronic	41.2%	20.6%	38.2%
CALMNESS – ANXIETY	Acute	38.5%	30.8%	30.8%
	Chronic	35.3%	44.1%	20.6%

An assessment of Adjustment Neuroticism among Cardiac patients

NATURALITY – OBSESSIVENESS	Acute	38.5%	42.3%	19.2%
	Chronic	29.4%	23.5%	47.1%
INDEPENDENCE – DEPENDENCE	Acute	30.8%	50%	19.2%
	Chronic	26.5%	50%	23.5%
FEELINGS OF BEING HEALTHY – HYPOCHONDRIASIS	Acute	11.5%	38.5%	50%
	Chronic	23.5%	26.5%	50%
INNOCENCE – GUILT	Acute	57.7%	34.6%	7.7%
	Chronic	58.8%	29.4%	11.8%
Overall ANDI	Acute	19.2%	69.2%	11.5%

The overall Adjustment – Neuroticism findings indicate that a greater proportion of patients suffering from a chronic onset of their cardiac illness (29.4%) were maladjusted as compared to those who had an acute onset of their heart illness (11.5%). Thus, among cardiac patients, those with a chronic onset of their illness showed greater inclination towards maladjustment rather than those with an acute onset. When concerned about the domains of Self Esteem - Self Inferiority: Table indicates that on the dimension of Self Esteem - Self Inferiority, a greater proportion of patients suffering from a chronic onset of their cardiac illness (20.6%) were maladjusted as compared to those who had an acute onset of their heart illness (11.5%). Thus, those with a chronic onset of their illness showed greater inclination towards self inferiority. Table indicates that on the dimension of Happiness – Depression, a greater proportion of patients suffering from an acute onset of their cardiac illness (38.5%) were maladjusted as compared to those who had a chronic onset of their heart illness (38.2%) which is negligible as the difference is not significant. Table indicates that on the dimension of Calmness – Anxiety, a greater proportion of patients suffering from an acute onset of their cardiac illness (30.8%) were maladjusted as compared to those who had a chronic onset of their heart illness (20.6%). Thus, among cardiac patients, those with an acute onset of their illness showed grater inclination towards anxiety and apprehension rather than calmness. Table indicates that on the

dimension of Naturality – Obsessiveness, a greater proportion of patients suffering from a chronic onset of their cardiac illness (47.1%) were maladjusted as compared to those who had an acute onset of their heart illness (19.2%). Thus, among cardiac patients, those with a chronic onset of their illness showed greater inclination towards obsessiveness and orderliness rather than naturality and an easy going attitude. Table indicates that on the dimension of Independence - Dependence, a greater proportion of patients suffering from a chronic onset of their cardiac illness (23.5%) were maladjusted as compared to those who had an acute onset of their heart illness (19.2%). Thus, among cardiac patients, those with a chronic onset of their illness showed greater inclination towards dependence rather than independence and self dependence. Table indicates that, on the dimension of Feelings of Being Healthy – Hypochondriasis, the proportion of patients suffering from an acute and chronic onset of their cardiac illness (50%) were equally maladjusted. Thus it can be deduced that, among cardiac patients, those with an acute and chronic onset of their illness showed an equal inclination towards hypochondriasis rather than feelings of being healthy. Table indicates that on the dimension of Innocence – Guilt, a greater proportion of patients suffering from a chronic onset of their cardiac illness (11.8%) were maladjusted as compared to those who had an acute onset of their heart illness (7.7%). Thus it can be deduced that, among cardiac patients, those with a chronic onset of their illness showed greater inclination towards feelings of guilt rather than those of innocence.

DISCUSSION:

The study found that overall most of the chronic onset of their cardiac illness was maladjusted as compared to those who had an acute onset of heart illness. Likewise, when concerned about the domains of adjustment like: Self Esteem - Self Inferiority, Happiness – Depression, Naturality – Obsessiveness, Independence – Dependence and Innocence – Guilt, chronic onset of cardiac illness patients have more maladjustment compare to acute onset of cardiac illness. This may be because chronic cardiac illness patient due to prolong and long lasting illness they have more stress, more inferiority, more depress, more obsess, more dependent and more guilty. Supportively, according to the study of Torpy, Lynm, and Glass (2007) found that chronic stress occurs over a longer time period. Stress hormones (catecholamines, including epinephrine, which is also known as adrenaline) have damaging effects if the heart is exposed to elevated catecholamine levels for a long time. Stress can cause increased oxygen demand on the body, spasm of the coronary (heart) blood vessels, and electrical instability in the heart's conduction system. Rustad, Stern, Hebert, and Musselman (2013) did a study on treatment of depression and found out that diagnose in patients with congestive heart failure, who often suffer from fatigue, insomnia, weight changes and other neurovegetative symptoms that overlap with those of depression. Pathophysiologic mechanisms connect depression and congestive heart failure. According to Hocaoglu, Yeloglu and Polat (2011) the relationship between psychological factors and cardiac disease required to be discussed. Because creation potential of the sudden death due to chronic cardiac diseases are more sensitive to the psychiatric disorders and

development of any cardiac disease might start serious mental issues. These situations are the main subjects of psycho cardiology.

SUMMARY AND CONCLUSION:

The present study aimed at analyzing the pattern of adjustment-neuroticism and its dimensions among cardiac patients based on the onset of the cardiac disease (acute or chronic onset). The pattern of Adjustment – Neuroticism based on onset indicated a major percentage of acute onset patients showing normal status while among the chronic onset patients there were moderate amounts of patients in normal and well adjustment. A higher percentage of chronic patients indicated maladjustment as compared to the acute onset patients. Dimension wise percentages indicated a higher inclination towards hypochondriasis in both the groups and a higher percentage for obsessiveness in the chronic group. In conclusion, patients with chronic or severe illness react differently to the loss of functional abilities or the lifestyle modifications necessitated by their conditions.

Limitations:

1. The sample selection was convenience based, this was a critical limitation.
2. The samples of this study were cardiac patients familiar with the English language (those familiar with the local languages were not taken), which could be a limiting factor of the study.
3. Uneducated cardiac patients were not included as a part of the study due to the personal attention that would need to be provided to them. Consequently majority of the cardiac patients from the lower economic strata were left out.

Suggestions and Further directions:

1. Attempts can be made to cross validate the results of the present study by increasing the sample size and by including patients who are uneducated and unfamiliar with the English language, thus making the sample more representative of the universe of population being studied; this would aid in forming stronger generalizations.
2. Studying adjustment of cardiac patients immediately after a severe cardiac event could be an interesting area and phase to explore.
3. A personality profiling of cardiac patients could probably be an interesting area to explore, especially given the research that cardiac patients seem to possess a specific type of personality.
4. Future studies can focus on other variables important to understanding the psychological makeup of cardiac patients such as coping skills and strategies, social support, locus of control, emotional intelligence, and spiritual intelligence.

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A Comparative Study of the Two Dimensions of Parenting Style and their Effects on the Self-Concept of Pre-Adolescents

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ABSTRACT:

Self-concept of adolescents has been one of the personality constructs that has attracted the attention of psychologists and educationists the world over. Since it is crystallized during adolescence, impacting the self-worth of youth, it becomes imperative to look into determinants of this variable in an attempt to protect their mental health. Among a myriad different factors which are thought to be responsible for influencing self-concept of teens, parenting styles has played a pivotal role. The present research endeavored to study the effect of parenting styles on the self-concept of pre-adolescents with respect to two dimensions of the namely: responsiveness and demandingness of both parents. The results indicated a significant difference in the self-concept of pre-adolescents depending on the parenting dimension of mothers/fathers. The study attempted to explore the potential benefits of either parenting dimension in boosting the self-concept of gen next.

Keywords: *Self-concept, parenting style, responsiveness, demandingness.*

INTRODUCTION

Parenting styles have been investigated for several decades and are considered predictors of behavior among young individuals (**Weber, Selig, Bernardi, and Salvador, 2006**). This responsibility on the part of parents is a constant that transcends the diversity of social standards, making it possible to identify behavioral characteristics or styles adopted by parents in the daily socialization of their children (**Musitu and García, 2001**). Parenting styles can be seen as a set of behaviors of fathers and mothers in the children's socialization process (**Kobarg, Vieira, and Vieira, 2010**). The variability of parents' behavior in relation to the socialization of their children has been satisfactorily explained by two basic dimensions, which, despite other terms used by researchers, can be called parental *control (demandingness)* and *affection (responsiveness)* (**Musitu, Estévez, Martínez, and Jiménez, 2008**). Control implies making demands, supervision, and requirements imposed by maternal and paternal figures, while affection involves sensitivity, acknowledgement and commitment of parents to their children (**Baumrind, 2005; Weaver and Prelow, 2005**).

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A Comparative Study of the Two Dimensions of Parenting Style and their Effects on the Self-Concept of Pre-Adolescents

The term self-concept refers to the ordered set of attitudes and perceptions that an individual holds about him/ her (Wolffe 2000; Woolfolk 2001 and Tuttel and Tuttel 2004). Self-concept is defined as the value that an individual places on his or her own characteristics, qualities, abilities, and actions (Woolfolk2001).The positive or negative life experiences one has, creates attitudes toward the self which can be favorable and develop positive feelings of self-worth, or can be unfavorable and develop negative feelings of self-worth. The emphasis of unconditional love, in parenting how-to books, represents the importance of a child developing a stable sense of being cared for and respected.

Parenting style can also play a crucial role in self-concept development. Studies thus far have reported a correlation of warm, supportive parenting styles and children having high self-concept, thus suggesting a causal effect of the responsive parenting dimension in self-concept development (Coopersmith, 1967; Isberg et al, 1989; Lamborn et al, 1991). The root of self-concept lies in family experiences. A favorable home environment constitutes of good parent-child relationship. **Parenting style thus has a potential bearing on the self-concept of pre-adolescents.**

Operational Definition of the Terms

The following terms are defined to clarify their use in the context of this study:

PARENTING STYLE: ‘Parenting Style’ in the present study refers to the methods that parents use to interact with their children and run their families and includes two important components of parenting namely,

- ✓ **Responsiveness** which indicates how parents respond to their children’s needs and expectations, including their warmth and supportiveness to them
- ✓ **Demandingness** which indicates how parents go about imposing their needs and expectations on their children through behavioral controls, discipline, rule setting and enforcement.

SELF-CONCEPT: ‘Self–Concept ‘in the present study has been defined as the relatively stable idea possessed by a student based on a combination of judgments by self and “significant others” (parents, teachers and peers), concerning his/her behaviour, strengths and weaknesses in the academic and non-academic domains.

AIM OF THE STUDY

To Study the Effect of Parenting Style on the Self-Concept of Pre-Adolescents.

A Comparative Study of the Two Dimensions of Parenting Style and their Effects on the Self-Concept of Pre-Adolescents

OBJECTIVES OF THE STUDY

1. To study the difference between the self-concept of pre-adolescents whose mothers have a predominantly responsive v/s demanding parenting style?
2. To study the difference between the self-concept of pre-adolescents whose fathers have a predominantly responsive v/s demanding parenting style?

HYPOTHESES OF THE STUDY

In order to prove the research hypotheses by subjecting the data to statistical analysis, null hypotheses were formulated for the study which are as follows:

1. There is no significant difference between the self-concept of pre-adolescents whose mothers have a predominantly responsive v/s demanding parenting style.
2. There is no significant difference between the self-concept of pre-adolescents whose fathers have a predominantly responsive v/s demanding parenting style.

METHODOLOGY

The present investigation aimed to study the effect of parenting style on the self-concept of pre-adolescent students of standard VII. It was a descriptive research as it involved collecting data using self-reporting tools to test hypotheses or answer questions concerning the selected variables. Moreover, the present study was of the comparative type because it sought to study the difference in the self- concept of pre-adolescents based on the predominant parenting dimension of their mothers and fathers.

Sampling:

In the present study, a two stage sampling procedure was used. At the first stage stratified random sampling was used wherein the strata were the divisions of standard VII of one convent school for girls located in Mumbai. Of the 4 divisions, 2 divisions were chosen. At the second stage incidental sampling procedures were employed to select students of standard VII from these 2 divisions who were conveniently available for the data collection. The school selected was a secondary private aided school with English as the medium of instruction and affiliated to the S.S.C. Board. It was a girls' school. The sample comprised of 101 female students studying in standard VII. The reason behind selecting standard VII for the study was that these students are at the pre-adolescent stage of development and their self-concept is in a period of crystallization.

Tools

✓ Parental Perceptions Questionnaire-PPQ (Pasquali and Araújo, 1986)

This tool has **40** items.

A Comparative Study of the Two Dimensions of Parenting Style and their Effects on the Self-Concept of Pre-Adolescents

10 items pertain to the **responsiveness of the mother** and had an internal consistency (Cronbach's alpha) of 0.84.

10 items pertain to the **demandingness of the mother** with an internal consistency (Cronbach's alpha) of 0.73.

10 items pertain to the **responsiveness of the father** with an internal consistency (Cronbach's alpha) of 0.86.

➤ 10 items pertained to the **demandingness of the father** with an internal consistency (Cronbach's alpha) of 0.85. *The participants were asked to indicate for each item, on a five-point scale, the extent to which the described behavior or attitude was applicable to either of the parents. The scale ranged from 0 (not applicable) to 4 (totally applicable).*

✓ Self-Description Questionnaire I-SDQI (Marsh, 1992)

This tool is designed to measure multiple dimensions of self-concept for pre-adolescents. In particular, the scale taps self-perceptions relative to four non-academic areas (Physical Ability, Physical Appearance, Peer Relations, and Parent Relations) and three academic areas (Reading, Mathematics, and school in general), as well as a global perception of self. The SDQI instrument is solidly grounded in Shave son/Marsh's multidimensional/hierarchical self- concept model (1985). The tool has 8 sub-scales and **76 items in all**. 9 items pertain to Physical Ability, 9 items pertain to Physical Appearance, 9 items pertain to Peer Relations and 9 items to Parent Relations. In the 3 academic areas each sub-scale contains 10 items, while 10 items pertain to the global perception of self. It is a five point Likert scale, wherein students have to respond to each item by selecting either one of the choices ranging from false, mostly false, sometimes false-sometimes true, mostly true and true. There are in all 12 negatively worded items in order to disrupt positive response biases. Internal consistency is .80 to .92 and the test-retest reliability is .50 to .70.

Data Collection

After obtaining the readymade tool, the researcher approached the school authorities and requested them to grant permission for the collection of data from their institutions. The investigator assured the principal of the anonymity and confidentiality of all the data collected. Before distributing the questionnaires and administering the tools to the students, the researcher established cordial relations with them to win their confidence and establish rapport. The purpose of the study was also briefly conveyed to them. The detailed instructions for giving responses to the items of the tests were then explained and doubts clarified. The same instructions were also printed on the first page of each tool being used. The students were given on an average one hour to complete the survey form and completed forms were then collected by the researcher in person.

A Comparative Study of the Two Dimensions of Parenting Style and their Effects on the Self-Concept of Pre-Adolescents

Analysis of the Data

The study involved the following **inferential statistical techniques** for testing of the null hypotheses:

✓ **Student's t-test** to compare the Mean Scores of self-concept of pre-adolescents based on the pre-dominant parenting dimension of the mother/father.

Testing Hypothesis 1:

The null hypothesis states that there is no significant difference between the self-concept of pre-adolescents whose mothers have a predominantly responsive v/s demanding parenting style.

Table 5.1 shows the relevant statistics of the SCS of pre-adolescents whose mothers have a predominantly responsive v/s demanding parenting style.

TABLE 5.1

Relevant statistics of the SCS of pre-adolescents based on the predominant parenting dimension of the mother

PREDOMINANT PARENTING DIMENSION OF THE MOTHER	N	Mean	SD	t-ratio	Level of significance	100 ω^2 estimate
RESPONSIVENESS	87	284.09	36.763	2.71	0.01	5.97
DEMANDINGNESS	13	251.31	41.17			

The tabulated values for 't' are as follows (Garett, 1985):

For $df = 11$ and 85 , t at 0.05 level = 2.20 and 1.99 respectively, Similarly, for $df = 11$ and 85 , t at 0.01 level = 3.11 and 2.64 respectively.

Interpretation of 't': The obtained t-ratio for the SCS of pre-adolescents based on predominant parenting dimension of the mother was 2.71 which is greater than 2.64 . Thus, 't' is significant at 0.01 level. The null hypothesis is therefore rejected.

CONCLUSION:

A Comparative Study of the Two Dimensions of Parenting Style and their Effects on the Self-Concept of Pre-Adolescents

There is a significant difference in the SCS of pre-adolescents based on the predominant parenting dimension of the mother. The level of significance is 0.01 and the mean scores for girls having predominantly responsive mothers are higher than that of those having predominantly demanding mothers.

DISCUSSION:

An analysis of the results pertaining to the null hypothesis, indicate that there is a significant difference in the self-concept scores of pre-adolescents based on the predominant parenting dimension of the mother. In the present study, pre-adolescents having responsive mothers far outnumbered those having demanding mothers (i.e.87 v/s 13) which is itself suggestive of the fact that women are generally warm and supportive by nature. This observation is in keeping with the findings of studies which have shown that mothers tend to find themselves generally in a more nurturing role. They seem to have an innate ability to be discerning with their children. For example, they are often more tuned into a baby's specific needs than a father is. There is simply an emotional connection between mother and child that a father simply doesn't get. In addition, mothers tend to verbalize a lot more with their children. Part of that tendency is that women generally are more verbal than men. This tends to manifest itself in a parenting style where mothers offer more words of affirmation, express their expectations more clearly and "talk out" issues involving discipline. Mothers generally put their children's needs ahead of their own. They seem to come "pre-wired" to self-sacrifice; perhaps that starts with pregnancy where a mother's full time physical care role is so dramatic. Research has also revealed that women are better at taking care of children than men are (Craig, 2006). Men and women are often believed to have certain traits that make men more successful in the work place, and women are better at taking care of children. There are several other reasons too why mothers or females are in reality better parents based on their natural intuition and compassionate tendencies. First of all, for a wide variety of socio-cultural reasons, women tend to have more intuitive intelligence than men. It is this intuition that enables the mother to know when her child needs her. In addition, women often know how to read non-verbal signals in human behavior, which can alert them to issues and problems in the child's life. All of these "perceptive skills" play a major role in making the mother a close, responsible and responsive parent. Men lack this kind of skill. Secondly, most mothers share a matchless bond with their children. Perhaps this bond arises during the nine months of pregnancy or maybe it is reinforced through the act of breastfeeding. Studies do show that breastfeeding is the perfect time for mother and child to build up a special relationship. Whatever the cause, there appears to be a lifelong silver chord or psychic connection between mother and child. As a result, the mother is able to analyze the child's actions. Although fathers may form deep loving bonds with their children, they may not be able to match the depth of closeness shared by mother and child.

A Comparative Study of the Two Dimensions of Parenting Style and their Effects on the Self-Concept of Pre-Adolescents

Pohl, Bender, and Lachman (2005) found that women tend to show more empathy than men, and men tend to be more assertive than women. People may assume that, that finding applies to all men and women and that there cannot be assertive women and empathetic men. Therefore, society often tends to assume that all women should take care of children and all men should focus on work and leave the childrearing to the mother. It is also assumed that mothers should have a closer relationship with their children than the fathers because mothers are supposed to be more focused on their children. The present study too revealed that higher number of adolescents had responsive as compared to demanding mothers and this responsiveness had in turn made a significant contribution to their self-concept. This is in keeping with the nurturing characteristics of women cited above. Figure 5.1 shows the difference in the SCS of pre-adolescents based on the predominant parenting dimension of the mother.

Testing Hypothesis 2:

The null hypothesis states that there is no significant difference between the self-concept of pre-adolescents whose fathers have a predominantly responsive v/s demanding parenting style. Table 5.2 shows the relevant statistics of the SCS of pre-adolescents whose fathers have a predominantly responsive v/s demanding parenting style.

TABLE 5.2

Relevant statistics of the SCS of pre-adolescents based on the predominant parenting dimension of the father

PREDOMINANT PARENTING DIMENSION OF THE FATHER	N	Mean	SD	t-ratio	Level of significance	100 ω^2 estimate
RESPONSIVENESS	72	83.82	35.47	1.52	Not Significant	1.29
DEMANDINGNESS	28	69.29	45.33			

The tabulated values for 't' are as follows (Garrett, 1985):

For df = 26 and 70, t at 0.05 level = 2.06 and 2 respectively

Similarly, for df = 26 and 70, t at 0.01 level = 2.78 and 2.65 respectively.

A Comparative Study of the Two Dimensions of Parenting Style and their Effects on the Self-Concept of Pre-Adolescents

Interpretation of ‘t’: The obtained t-ratio for the SCS of pre-adolescents based on the predominant parenting dimension of the father was 1.52 which is less than 2. Thus, ‘t’ is not significant. The null hypothesis is therefore accepted.

CONCLUSION:

There is no significant difference in the SCS of pre-adolescents based on the predominant parenting dimension of the father. However, the mean scores for girls having predominantly responsive fathers are slightly higher than that of those having predominantly demanding fathers.

DISCUSSION:

An analysis of the results pertaining to the null hypothesis, indicate that there is no significant difference in the self-concept scores of pre-adolescents based on the predominant parenting dimension of the father. Prior research studies have shown that fathers are generally more focused on having high expectations of their children and encouraging them to deliver on those consistently. They tend to focus less on making a child feel good or secure and more on challenging them and helping them prepare to cope with the real world. The emotional connection that a mother has is not often replicated in fathers.

Fathers, while they do not verbalize as much as mothers do, tend to be more direct with fewer words. They may seem to be "too tough" to the moms, but their toughness is rooted in helping kids be prepared for real life. From a disciplinary standpoint, they tend to impose consequences more quickly and then talk later. They also tend to be less self-sacrificing, at least in an obvious way. Their sacrifices tend to be more focused on the family as a whole and less on individual children. These qualities of fathers often lead pre-adolescents to believe that they are less responsive than mothers, resulting in them portraying their fathers to be demanding in their parenting style. This corroborates the fact that 72 pre-adolescents in the present study too, perceived their fathers to be demanding as compared to 28 of their counterparts who perceived their fathers to be responsive. However, the higher mean self-concept scores of the pre-adolescents with responsive fathers supports the possibility that fathers do have a critical role to play in the lives of their children but since they spend less time with their children on an average as compared to mothers (particularly in India) due to them being the ‘bread-winners’ of the family, it probably explains why the self-concept of adolescents is not significantly affected by the predominant parenting dimension of the father in the Indian scenario. Previous research in the West too has consistently found that mothers still spend two to three times as much time with children as fathers (Baxter, 2002; Yeung, Sandberg, Davis Kean, & Hofferth, 2001). Some studies in the West, (Rebecca, 2006) have contrastingly shown that the perceived paternal parenting style is more influential than maternal parenting style in influencing adolescent outcomes. This could be attributed to the fact that unlike India, in western countries

A Comparative Study of the Two Dimensions of Parenting Style and their Effects on the Self-Concept of Pre-Adolescents

both parents are fairly equally involved in the up-bringing of the children as they may be professionally employed in part/full time jobs.

Figure 5.2 shows the difference in the SCS of pre-adolescents based on the predominant parenting dimension of the father.

CONCLUSION

The study revealed that parents may differ in their parenting styles, leading to a variation in the self-concept of pre-adolescents. Individually, each of these differences in parents seems to bring out different qualities in children, but probably the most important benefit of these differences is visible when viewed in total. All-in-all, it is the combination of involved mothers and fathers and their unique styles that make the biggest difference for children and their future health and happiness.

DIFFERENCE IN THE SCS OF PRE-ADOLESCENTS BASED ON THE PREDOMINANT PARENTING DIMENSION OF THE MOTHER

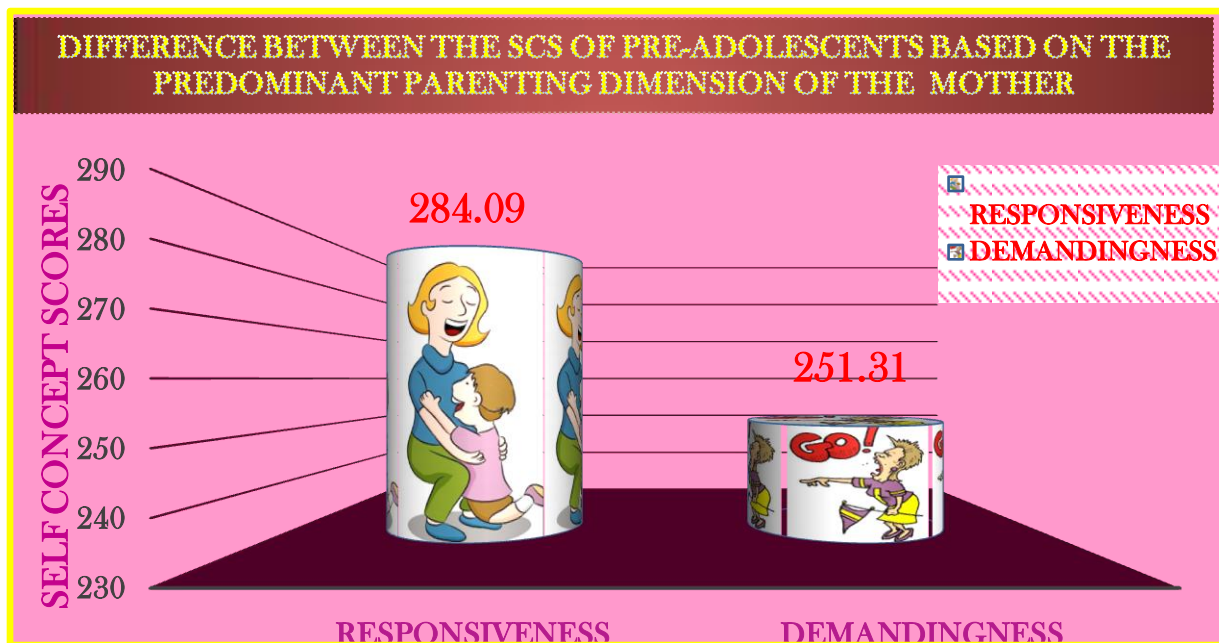


FIGURE 5.1

A Comparative Study of the Two Dimensions of Parenting Style and their Effects on the Self-Concept of Pre-Adolescents

DIFFERENCE IN THE SCS OF PRE-ADOLESCENTS BASED ON
THE PREDOMINANT PARENTING DIMENSION OF THE FATHER

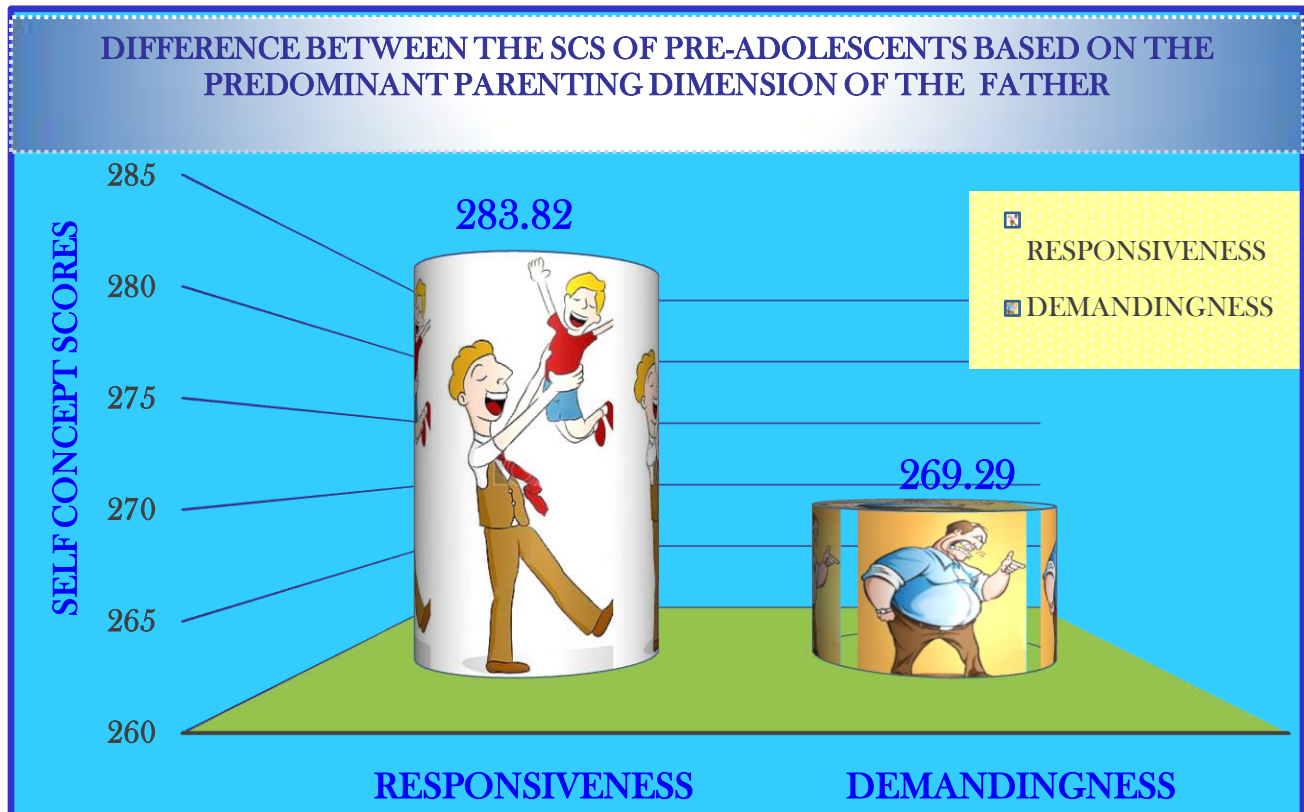


FIGURE 5.2

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A Comparative study of Marital Adjustment among Employed and Unemployed Married Women of Urban and Rural Area

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ABSTRACT:

The aim of the present investigation is to study marital adjustment between employed and unemployed married women of urban and rural area. The sample of the present study consisted of 120 married women and their range between 23 – 38 years. [30 employed and 30 unemployed women from urban area and 30 employed and 30 unemployed women from rural area.] The marital adjustment inventory was administered to all participants. The data was analyzed using means, SD and t – value. The results are discussed and conclusion is down. The main findings showed that there was a significant difference between employed and unemployed married women of urban area in respect to their marital adjustment scores. As regarding to rural area significant difference were also found between employed and unemployed married women on their marital adjustment.

Keywords: *Marital adjustment, Employed, Unemployed, Married women.*

INTRODUCTION

Status of women in the society has been changing fast due to multiple factors such as, increased level of education, urbanization, awareness of right, industrialization, etc. Social changes have also improved the status of women. Education has brought revolutionary changes among women. More and more women prefer to be engaged in some kind of employment, so that they can contribute financially to their family. But attitude towards women especially married women and their role in family has remained the same, as even today taking care of the family and children is considered as their primary responsibility. Most of the non working women are full time housewives who spend most of their time at home attending to their children, husband and domestic chores. They have freedom to go about their day at will and can come home whenever they like to attend to their home. This is where they differ from working married women. The working married women have the double burden of housework and a job outside the home, they have work in two environments, one is the office environment and the other is home environment and both are vastly different from one to another. It is an accepted fact that working married women have greatly changed their family lives. Her employment not only affects her personality but also her family relationship and is also liable to face crisis of adjustment.

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A Comparative study of Marital Adjustment among Employed and Unemployed Married Women of Urban and Rural Area

Adjustment:- The ability of humans to survive in stressful environment by monogenetic means. Originally adjustment was rewarded as little more than the avoidance of male adjustment but then became a goal for therapy with the emergence of the humanistic approaches to psychotherapy.

Marital adjustment:- “The state in which there is an overall feeling in husband and wife of happiness and satisfaction with their marriage and with each other”. Marital adjustment is a lifelong process, although in the early days of marriage one has to give serious consideration. In marriage two persons adjust to each other. Marital adjustment is a social phenomenon.

Many of attempts have been made to access the quality of marital relationship using such concepts of ‘marital adjustment’, success stability, satisfaction, consensus, adoption, cohesion, integration, etc. The marital adjustment is varied of concept. The success marital life much depends upon the succession marital adjustment by the husband and wife. Some of the relevant studies done on working and non working married women in relation to their marital adjustment are mentioned here, Mathur Nathawet (1990) investigated that in respect to marital adjustment working women reported significantly better marital adjustment. Adegoke (1987), Lloyd (1980), Rogers (2003) reported that working class women are generally more satisfied with their lives than non working women. Chaudhari & Patel (2009) found no significant relationship between marital adjustment and place of urban and rural area of married female respondent. Kazmil, et. al. (2010) found that economic resources play a important role in marital adjustment. Kausar (2003) found no significant difference between marital adjustment of working women. Jamabr & Orche (2012) also found no significant marital difference in working and non working women.

Rani (2013) found that non working wives face more marital adjustment problems. Bhardwaj (2007), Joshi (2007), Patoliya (2009) also reported that working women have better adjustment. Joshi (2011) observed social relations responsibility had significant impact on quality of life of married women. Gupta & Nafis (2014) found that non working female scored higher on marital adjustment than working females. Hashani, Khurshid, Hassan (2007) found working married women have to face more problems in their married life as compare to non working married women. Tiwari & Bisht (2012) investigated marital adjustment of working and non working women, results indicated that non working women were better at marital adjustment. About discussion about married working women’s adjustment life it is need of time to undertake studies. Today most of married women are employed. They are expanding their lives to include a career, they must also maintain their traditional role as a wife, mother at home. The adjustment and marital relationship are major challenges in most of the families of urban and rural area. Therefore the present study aims to study of marital adjustment among employed and unemployed married women of urban and rural area.

A Comparative study of Marital Adjustment among Employed and Unemployed Married Women of Urban and Rural Area

OBJECTIVES

Some special objectives are needed to frame to study the problem. The main objectives are furnished as under:-

- a. To study and compare the difference in marital adjustment between employed and unemployed married women of urban area.
- b. To study and compare the difference in marital adjustment between employed and unemployed married women of rural area.

HYPOTHESIS

1. There are significant differences between employed and unemployed married women of urban area in relation to marital adjustment.
2. There are significant differences between employed and unemployed married women of rural area in relation to marital adjustment.

METHODOLOGY

Sample:

Representative sample of 120 married women [employed and unemployed women both - age range 23-38] selected from various rural area and urban area of Junagadh district were taken for the present study. A total 120 married women of which 60 were employed and 60 were unemployed. (30 employed and 30 unemployed women from urban area as well as 30 employed and 30 unemployed women from rural areas.) The sample was consists of only married women. All participants were matched on the variables of age, gender, marital status, etc. Random sampling technique was used to selection the participants

Tools:

Personal data sheet developed by investigator was used to collected some necessary information. The marital adjustment inventory developed by P. kumar and rohtagi was used to measure marital adjustment of employed and unemployed married women. The reliability of the test is 0.84 and validity is 0.71.

Procedure:

The present study conduct on 120 employed and unemployed married women of urban and rural area. After establishing report with the participants the questionnaire were administrated with the necessary instructions and the data was collected. All the participants were assured that their responses would be kept confidential. Finally obtained result were statistically analyzed and discussed accordingly.

A Comparative study of Marital Adjustment among Employed and Unemployed Married Women of Urban and Rural Area

Statistical Treatment:

The investigator put the data edited and coded together in a carefully designed table for the statistical analysis mean; SD and t-test were used to analysis the data. The results of analyses presented in the table one and two.

RESULTS & DISCUSSION

The purpose of the present research was to study of marital adjustment among employed and unemployed married women of urban and rural area. Table-1 showing and analysis of hypothesis that, “there are significant difference in marital adjustment between employed and unemployed married women of urban area. Table-1 reveals there is significant difference between two comparative groups in respect to their score of marital adjustment. Thus, the t-test revealed statistically significant difference between the mean number of employed and unemployed married women and t-value is 3.82. Thus, the hypothesis is accepted and it is concluded that employed women of urban area are better in their marital adjustment than unemployed women of urban area. Hypothesis-2 “There is significant difference in marital adjustment between employed and unemployed married women of rural area. To assess this hypothesis t-test was used, results suggested that the score on marital adjustment of employed and unemployed married women of rural area are significantly differ. Therefore hypothesis-2 also accepted and it is concluded that employed married women of rural area are better in their marital adjustment than unemployed married women of rural area.

Table-1: Difference between employed and unemployed married woman of urban area regarding to their marital adjustment.

Married women	No.	Mean	S.D.	t-ratio	Sig.
Employed	30	21.40	2.07	3.82	0.01
Unemployed	30	18.70	3.27		

A Comparative study of Marital Adjustment among Employed and Unemployed Married Women of Urban and Rural Area

Table-2 : Difference between employed and unemployed married women at rural area regarding to their marital adjustment

Married women	No.	Mean	S.D.	t-ratio	Sig.
Employed	30	20.09	2.09	3.4	0.01
Unemployed	30	17.80	2.98		

The present study concluded that employed married women have better marital adjustment than unemployed married women. Several researches are also in line with the present findings. [Mathur & Nathawat (1990), Adegoke (1987), Rogers (2003), Joshi (2007), Patoliya (2009), Rani (2013)] As employed married women have better positive relation with others and personal growth as well as employed married women can always create a healthy atmosphere for their marital adjustment. Because the employed women highly educated. She can well judge her household problems and solve than with easy. On other side unemployed married women cannot solve their problems. Because of less information about that problematic issue. So that this effects her marital life also and this cause marital maladjustment.

CONCLUSION:

The result of the present study confirm significant difference between employed and unemployed married women of urban area in relation to their marital adjustment score. As regarding to rural area's there are also found significant differences between employed and unemployed married women on their marital adjustment scores. The employed married women are better in their marital adjustment than unemployed married women of urban as well as rural area.

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A Comparative study of Marital Adjustment among Employed and Unemployed Married Women of Urban and Rural Area

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A Study of Adjustment of Married and Unmarried Employees in Industry

Dr. B. K. Gamit*

ABSTRACT:

The present study examines the effects of adjustment of married and unmarried employees in industry. The sample consisted of 120 married and unmarried employees out of which 78 were married and 42 were unmarried employees. For this purpose of investigation "Bell Adjustment Inventory" by Dr. S.M. Mohsin, Dr. Shamshad Hussain and Dr. Khursheed Jehan was used. The obtained data were analyzed through 't' test to know the mean difference between married and unmarried employees. The result shows that there is significant difference in adjustment of married and unmarried employees in industry at 0.01 levels.

Keywords: *Adjustment, married, unmarried, industry*

INTRODUCTION

When a person is working in an industrial environment, he has to adjust with the environment of that industry. And when in particular he is operating a machine in the production unit, he has to make two types of adjustment, one with the workers and another with the machine. If he is not able to adjust with the machine, production will decrease and there may be a danger accident. How can adjustment be made is a big question. Which factors influence them is also an important aspect. Adjustment in Psychology is the behavioral process by which humans and other animals maintain an equilibrium among their various needs or between their environments. A sequence of adjustment begins when a need is felt and ends when it is satisfied. Hungry people, for example, are stimulated by their physiological state to seek food. When they eat they reduce the stimulating condition that impelled them to activity, and they are free by adjustment to this particular need.

In general, the adjustment process involves four parts,

- (1) A need or motive in the form of a strong persistent stimulus
- (2)
- (3) The thwarting or nonfulfillment of this need
- (4) Varied activity or exploratory behaviour accompanied by problem solving, and
- (5) Some response that removes or at least reduces the initiating stimulus and completes the adjustment

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LITERATURE REVIEW

Gender, Marital status and Job Satisfaction an Empirical study, (2013) Mohammad Tahlilazim, Saudi Arabia, Mohammad Munal Haue, Bangladesh, Rashid Ahmed Chowdhury, This study attempts to identify the level of Job Satisfaction of employees in and to test whether Job Satisfaction level differs among employees in terms of their gender and marital status. Data are collected from 224 respondents, It is found that Bangladeshi employee respective of gender and marital status, are moderately satisfied .N. D. statistically significant evidence is observed indicating differences in job satisfaction level between “male and female “ or between married and unmarried.

OBJECTIVES OF THE RESEARCH:

1. On the basis of the hypothesis the Adjustment is selected for the present study.
2. The purpose of the present study is the difference related to the adjustment of married and unmarried employees in industry.
- 3.

HYPOTHESIS

There is no significant difference between adjustment of married and unmarried

VARIABLE

Independent variable

- (1) Area
- (2) Education
- (3) Gender
- (4) Social status
- (5) Year of work
- (6) Marital status

Dependent variable

“ Bell Adjustment Inventory “

Control Variable

- (1) The present sample is selected from the at Valia, Bharuch district.
- (2) The employees having 18 years or more age are selected

.

Internal variable

- (1) The change of thinking happens as employees.
 - (2) Guidance of the family background, family atmosphere and expectation of employees
 - (3) The effect of social and cultural atmosphere.
 - (4) The effect of company policy.
- .

METHOD

Sample

The sample for the present study is an industrial area in Valia, Bharuch district 120 employees were selected , 78 were taken from married employees and 42 were taken from unmarried employees.

Tool

In the present investigation measure the adjustment “**Bell Adjustment Inventory**”

By Dr. S. M. Mohsin, Dr. Shamshad Hussin and Dr. Khursheed Jehan were used. The adjustment inventory consists 124 items with yes / impartial / no response pattern. 31 were home, 29 were health, and 32 social and 32 were Emotional Adjustment Items. The reliability of the present modified Hindi version of Bell Adjustment Inventory was assessed. Odd-even reliability with Spearman-Brown formula and test-retest technique it is 0.92 and 0.87.

Statistical Method

“ t “ test was used to analyze the collected data.

Procedure:

The main objective of present study was to do study of adjustment of 120 employees were selected , 78 were taken from married employees and 42 were taken from unmarried employees. In it statistical ‘t ‘ method was used.

RESULTS AND DISCUSSION

The object of the researcher was make a comparative study of Adjustment of Married and Unmarried . As per mentioned in the data collected, data was analyzed and result is showing the following table .

A Study of Adjustment of Married and Unmarried Employees in Industry

Table : Adjustment of married and unmarried employees

No.	Group	Mean	S. D	SE	SED		“ t “ Value	
Married	78	30.48	15.57	1.42	2.29		5.94	0.01
Unmarried	42	16.87	19.68	1.80				

Table shows Adjustment of the mean of married employees is 30.48 and unmarried employees mean is 16.87 , S. D. for married employees is 15.57 and unmarried employees is 19.68 for both groups “ t “ value is 5.94 and level of significant at 0.01. Thus the null hypothesis, which states “ There is no significant difference between adjustment of married and unmarried employees “ was rejected. It means there is significant difference between married and unmarried employees of adjustment

CONCLUSION

The present study shows that Married employees are matured, stable, more responding, more require more experience and Adjustment areas are more than

One whereas, unmarried employees are having more mobility and less ration of responsibility and less areas of adjustment . Hance, the Adjustment It is very natural, because Both than having different types of importance to work. Hance, the difference is found in the married and the unmarried employees. There is significant difference between adjustment of married and unmarried employees. It means unmarried employees Are better adjustment than married employees.

LIMITATION OF RESEARCH

- (1) The present study is restricted to the employees residing in the area of Valia, Bharuch district. The conclusion drawn cannot be generalized for the whole Gujarat state.
- (2) The Adjustment is purely a personal matter depends on variable.
- (3) The present research involves only the employees who can understand and communicate in Gujarati language.

SUGGESTION OF RESEARCH

- (1) The sample for the present research is selected from the area at Valia, Bharuch district. Instead, one can take a larger sample for her study from any other area of Gujarat state.
- (2) One can take more variable such as the sex, education, Income, Experience, area, for the further study.
- (3) The present research involves only the employees are Valia, Bharuch district, for further research of other district and other state can also selected.

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Influence of Home Environment on Adolescent Psychological Well-being

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ABSTRACT:

To analyze the pattern in which home environment affected various aspects of psychological well-being of adolescents, 153 higher secondary school students were selected randomly from five schools of Kerala state. Data collected using psychological well-being scale and home environment inventory, on analysis, revealed significant correlations between the subscales of both measurements. As per multiple regressions, negative HE mainly affected the “interpersonal-relation” and “sociability” levels of adolescents. Disciplinary variables showed significant predictive power in “satisfaction”, “sociability”, and “interpersonal relationship” aspects of psychological well-being. Meanwhile, Positive HE variables exhibited significant predictive power in all the five aspects of psychological well-being. Demographic variables hadn’t any significant effect on psychological well-being. Counselors, parents, teachers and other caretakers will be benefitted from these revelations about the subtle environmental pathways into the psychological well-being of adolescents.

Keywords: *Adjustment, married, unmarried, industry*

INTRODUCTION

Ecological perspectives indented to delineate subtle pathways into the psychological well-being of individuals are gathering much significance in the new millennium. And this is particularly true for a transitional phase of development like adolescence. In the globalized world where there is rapid depletion of culturally established norms and standards of living, adolescent population is becoming more vulnerable to the complexities of their social environment as identity crisis often threatens to destabilize their mental equilibrium. This often deprives the care takers of new generation, of a firm enduring platform to judge what constituted an optimal environment for the psychological well-being of adolescents. Moreover, latest research findings keep on ratifying the view that, psychological ailments of teenagers have conspicuous etiological route in the quality of environment within which they strive to accomplish their developmental goals.

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New revelations in positive psychology necessitated a reorientation in the definition of mental health as “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community” (WHO, 2001). Also, a growing number of longitudinal studies confirm the power of psychological well-being scales to predict outcomes, like, longevity, physical health, quality of life, criminality, drug and alcohol use, employment, earnings and pro-social behavior (WHO report, Freidli 2009, p.2). In the backdrop of these observations, ensuring psychological well-being of adolescents is a socio-psychological necessity. For adolescents, psychological well-being means being satisfied with life and experiencing a plentitude of positive emotions, when coupled with the absence of psychopathology, is associated with maximum academic function, social competency and support and physical health (Jessica & Savage, 2011). From a broad perspective, the measurement and promotion of adolescent well-being is a desirable social and political objective. (Diener, Lucas, Schimmack & Helliwell, 2009; Vazquez, 2009).

On amassing theoretical expoundations dealing with the mechanism that operates behind the reciprocal influence of Home Environment(HE) on Psychological Well-Being(PW), one stumbles upon ecological approach by Bronfenbrenner & Morris (1998) which focuses on understanding interactions among developing persons, the contexts of development, and the processes that account for development. Family systems theory (Minuchin 2002) has led to a greater awareness of the relationships and mutual influences among different subsystems in the family. In particular, family, religion, and ethnicity have been identified as important sources of well-being (Motkal Abu-Rayya, 2006; Lim & Putnam, 2010). Bowlby's (1988) attachment theory stresses on experiences with caregivers, which is likely to shape people's working models of the world, exerting a continuing influence on development, including individual differences in life satisfaction. Well-being within the group context was studied by optimal distinctiveness theory (ODT; Brewer, 1991, 1993). The basis of this theory was social identity theory (Tajfel & Turner, 1986) and self-categorization theory (Turner, Hogg, Oakes, Reicher, & Wetherall, 1987) which deals with the formation of self concept from group membership. Social cognitive theory by Bandura, (1986, 1997, 2001) views individuals as products and producers of their own environments. Salient among these theories is Social determination theory which views well-being as a consequence of optimal psychological functioning resulting from the adequate satisfaction of psychological needs namely autonomy, competence and relatedness and a system of congruent and coherent goals (Dec i& Ryan, 2000). These basic psychological needs coincides with three of the dimensions in Ryff's model of psychological well-being (Lent,2003). And meeting a psychological need verily engender positive outcomes(Baumeister & Leary, 1995) providing “deep inner sense of wellness, vitality and psychological flexibility” (Ryan & al., 1995) This theory attempts to give an account of the motivational processes by which individuals seek autonomy and self-expression within the context of social relationships.

Present study explored psychological well-being of the selected sample along five dimensions namely, life-satisfaction, efficiency, interpersonal relations, sociability and mental health. There is ample proof in the literature that each of these aspects of psychological well-being is affected by the environment, especially the home environment of adolescents saturated with parenting style. Life satisfaction a judgmental process, in which individuals assess the quality of a person's life based on selected standards (Pavot & Diener, 1993) is influenced by differences in family structure (Demo & Acock, 1996; Zullig, Valois, Huebner, & Drane, 2005) and parenting behavior (Petito & Cummins, 2000; Suldo & Huebner, 2004b). Family relations have the highest correlation with life satisfaction in compared to peers, school and life environment (Suldo & Huebner, 2006).

Interpersonal relation is another major aspect of psychological well-being. According to Sine (1998) students who benefited from authoritative parenting style exhibit a higher degree of warmth, are able to regulate their emotions, develop trust in others as well as themselves than those grew up in authoritarian and permissive back ground. Albers et al. (2004) finds that disturbed family functioning predicted poor quality of later intimate relationships and family relationships have been found to be important for the quality of peer relationship (Kerns, Klepac & Cole, 1996). According to attachment theory, there exists a causal relationship between formative experiences with parents and one's ability to form and maintain later positive relationships with others (Bowlby, 1989).

“Efficiency” component of psychological well-being, which is defined as “the comparison of what is actually produced or performed with what can be achieved” can be interpreted from the academic development of an adolescent life. This area also, is significantly affected by family environment and much of the previous results clustered around parenting. Parental involvement via an authoritative home environment promote adolescent school success (Steinberg et al. 1992). Sarada Devi and Kavita Kiran (2002) found that there was close association between family factors and scholastic backwardness. Latha (2005) observed that family environment appeared to influence home adjustment as well as academic performance. In general, stressors in the environment may affect students' cognitive processes, such as concentration and memory (Fisher, 1994) and thus affect their “efficiency”.

“Sociability”, an indicator to estimate the positive affect related to social life of adolescents, defined as the “preference for being in the company of others versus being alone” (Cheek & Buss, 1981) is also affected by socializing methods and practices adopted by the family. Increased parent-adolescent communication, and improved the quality of relationships have been shown to be effective and consequently positively influence adolescent social development (Hair, Jager, & Garrett, 2001). There does exist inter-relationships between home environment and social intelligence (Kaur & Kalaramna 2004). Children from favorable environment homes

are found to be warmhearted, outgoing and socially more intelligent than children from unfavorable homes (Rani 1998).

Coming to the “mental health”, researches prove that less than half of the risk factors for developing mental health disorders are genetic (More et al., 2013), suggesting that the majority of influence on teenage mental health is learned, or environmental. OConnell et al (2009) lists environmental risk factors for mental illness for teenagers such as disrupted home life, parental strife or divorce, parent mental illness, abuse, and social problems at school. Meanwhile, Close parent/adolescent relationships, good parenting skills, shared family activities and positive parent role modeling all have positive effect on adolescent health and development (Hair, Moore, Garrett, Kinukawa, Lippman, & Michelson, 2005; Parker, & Benson, 2004; Resnick, Ireland, & Borowsky, 2004)). Thus mental health is something inextricably embedded in the dynamics of environment.

The present study in addition to estimating the environmental factors that have significant role in the overall of psychological well-being of adolescent group, probe into the pattern of influence of Home Environment on the psychological well-being. How home environmental variables differentiate themselves in contributing to various indicators of psychological well-being was our concern. Such an analysis we hope, will contribute mainly to the field of psychotherapy and counseling of adolescents suffering from various psychological aberrations. Awareness about the far reaching consequences of various disciplinary, socializing practices adopted by adults in the psychological well-being of adolescents presents the therapists, counselors, parents and other care takers with a new frame of reference in diagnosis and appropriate selection of intervention strategies. With this aim in mind we were interested in following objectives.

- 1) What factors of psychological environment of home contributed to the overall psychological well-being of adolescents?.
- 2) Which home environment variables were significant in each component of psychological well-being of adolescents namely life satisfaction, sociability, interpersonal relations, mental health and efficiency of adolescents?
- 3) Which aspects of the psychological wellbeing of adolescents were mainly affected by the disciplinary HE variables namely “control”, “conformity” and “protectiveness”?
- 4) Which aspects of the psychological wellbeing of adolescents were mainly affected by a negative home environment?
- 5) Which aspects of the psychological wellbeing of adolescents were mainly affected by a positive home environment?

METHOD

Participants

Sample consisted of 153 adolescents selected from two private (N=51), two aided (N=64), one government (N=38) schools of THRISSUR district in Kerala state. There were 86 boys and 67 girls. Mean age of participants was 15.84.

Instruments

1. Home Environment Inventory (HEI): Developed by Karuna Shankar Mishra. It consists of 10 subscales namely, A-Control, B-Protectiveness, C- Punishment, D-Conformity, E-Social Isolation, F-Reward, G-Deprivation of privileges, H-Nurturance, I-Rejection and J-Permissiveness. It is a 5 point Likert scale and each subscale contains 10 questions mainly intended to measure the psycho-social climate of home as perceived by children . HEI claims high content as well as criterion related validity. Established reliability coefficients of dimensions are A-.879, B-.748, C-.947, D-.866, E-.870, F-.875, G-.855, H-.901, I-.841, J-.726 respectively.

2. Psychological Well-Being Scale: Developed by Devendra Sing Sisodia was used to estimate Psychological well-being of students. It is a 5 point Likert scale which estimates psychological well-being along five dimensions namely, Satisfaction, Efficiency, Sociability, Mental Health and Interpersonal relationship. The response categories were “strongly agree”, “agree”, “not sure”, “Disagree” and “strongly disagree” respectively. Its test-retest reliability is .87 and internal consistency is .90. Besides face validity scale claims high content validity. Validity coefficient against external criteria is .94. It consists of 50 items. 10 items for each subscale.

Procedure

Informed consent was obtained from students, parents and school authorities. After giving a brief introduction about the purpose of study, Psychological well-being scale by Devendra sing Sisodia and Home environment Inventory by Karuna Shankar Mishra were directly distributed to the students. Students were given a brief explanation on nature of responding and their queries were clarified at each step.

RESULTS

All Home Environment variables showed significant association with almost all aspects of psychological well-being. Demographic variables like age, type of school, place of residence, religion and birth order hadn't any role in the psychological well-being or its components (table:2, table:3). Multiple regression exhibited significant predictive power of disciplinary variables namely control, conformity and protectiveness in satisfaction, sociability and interpersonal relation aspects of PW (table:4). Negative home environment had adverse effect mainly on sociability and interpersonal relations. But positive home environment variables

Influence of Home Environment on Adolescent Psychological Well-being

showed significant enhancing effect on all the five aspects of psychological well-being. Of these, influence of “nurture” and “reward” was remarkably significant.

Table:1 Correlation Results

	A	B	C	D	E	F	G	H	I	J
Satisfaction	.15*	.25***	.14*	.07	-.04	.21**	-.01	.21**	-.11	.01
Efficiency	.09	.04	.08	.19**	-.05	.41***	.07	.27***	-.02	.18*
Sociability	.14*	.32***	.21*	.31***	.03	.43***	-.01	.34***	.02	.01
M Health	.15*	.02	.07	.09	-.01	.23**	.01	.17*	-.11	.004
In Relation	.13*	.23	.05	.13*	-.18*	.49***	-.13*	.48***	-.21*	-.07
PW	.17*	.23**	.11	.24**	-.09	.49***	-.02	.42***	-.12	.06

A-control, B-protectiveness, C-punishment, D-conformity, E-isolation, F-reward, G-deprivation of privileges, H-nurturance, I-rejection, J-permissiveness, PW-psychological well-being.

*P<.05, **P<.01, ***P<.001, ****P<.0001

Table:2 ANOVA Summary for PW

Independent variables	Mean (PW)	Df	F	P		Independent variables	Mean (PW)	SD	Df	T						
Christian Hindu Muslim	189.59	2 (150)	.3800	.685		Boys Girls	188.77	18.13	151	.65						
	190.64						190.71	18.43								
	186.83									Rural Urban	189.75 189.43	16.74 20.06	151	.109		
Aided Govt Private	189	2(150)	.0616	.9402		*W-Mother **H-Mother	189.43	20.06								
	190.16											190.88			17.61	151
	189.96											189.27	18.44			
Eldest In-between Youngest	188.64	2(150)	.5797	.561		Single Not-single	189.42	18.11	151	.3850						
	186.71													191.33	19.83	
	191.38												*Working	**House wife		

Table:4 Multiple Regression Summary

Dependent Variable		R ²	Df	F	Beta loadings
Group1 A,B,D	Satisfaction	.068	3(149)	3.625**	A=.04, B=.24**, D=-.02
	Efficiency	.037	3(149)	1.934	A=.05, B=-.04, D=.19*
	Sociability	.152	3(149)	8.872****	A=-.05, B=.27**, D=.24**
	Mental health	.027	3(149)	1.393	A=.16, B=-.07, D=.06
	Inter-Relations	.111	3(149)	6.192***	A=-.03, B=.24**, D=.19*
Group2. C,EGI	Satisfaction	.054	4(148)	2.12	C=.24, E=-.16, G=.06, I=-.15
	Efficiency	.041	4(148)	1.569	C=.17 E=-.25* G=.21 I=-.05
	Sociability	.063	4(148)	2.417*	C=.30** E=-.06 G=-.13 I=.03
	Mental health	.025	4(148)	.943	C=.10 E=-.05 G=.08 I=-.16
	Inter-Relations	.093	4(148)	3.798**	C=.24** E=-.26* G=.02 I=-.18
Group 3. FHJ	Satisfaction	.054	3(149)	2.854*	F=.13 J=-.002 H=.13
	Efficiency	.139	3(149)	11.861*** *	F=.41**** J=.17* H=-.01
	Sociability	.194	3(149)	11.926*** *	F=.36**** J=-.01 H=.11
	Mental health	.054	3(149)	2.820*	F=.21* J=-.00 H=.03
	Inter Relations	.296	3(149)	20.884*** *	F=.30*** J=-.11 H=.30***
A-control, B-protectiveness, C-punishment, D-conformity, E-isolation, F-reward, G-deprivation of privileges, H-nurturance, I-rejection, J-permissiveness. *P<.05, **P<.01, ***P<.001, ****P<.0001					

DISCUSSIONS

One cannot rule out the role of subjective home environment as perceived by adolescents in their psychological wellbeing. Significant association of HE variables with PW in correlation test reveals it (Table1). As expected, positive HE variables contributed more to the positive affect. The very high correlation of “nurture” and “reward” with the psychological well-being indicate the indispensability of an ambience imbued with positivity in order to ensure psychological well-being of adolescents.

The three HE variables namely “control (A)”, “conformity(B)”, and “protectiveness(D)” which constitute disciplining atmosphere of the family showed highest F-changes in “sociability”(R² =.15,F=8.872, P<.000) and “interpersonal relations” (R² =.11,F=6.19, P<.001) as per regression analysis (table:4). Of these three HE variables, beta-loading for “protectiveness” (β =.27, p<.01) was highest indicating its significant predictive power in “sociability” Also, the positive correlations of “control” with life satisfaction (r=.15, p<.05), sociability (r=.14, P<.05) and mental health (r= .15, p<.05), were moderate and significant. In the correlations of “protectiveness” with satisfaction (r=.25, p<.001) and sociability (r=.32,p<.000) later was more prominent. Also, “conformity” revealed positive association with sociability (r=.31,P<.000), interpersonal relations (r=.13,p<.05) and efficiency(r=.19,p<.01) of which association with sociability was most significant. That is, these disciplinary variables mainly affected the social life of adolescents affirmatively and contributed to the enhancement of well-being in general. An atmosphere dominant in conformity and control might be providing adolescents with a more concrete frame of reference for choosing more realistic standards for behaving especially in collective settings. This might enable them to cope fairly with the situational demands which may in turn help in the betterment of sociability and interpersonal relations. Anyway the observed result, endorses the view that parental monitoring has always been associated with better adolescent adjustment (Lamborn et al. 1996, Pettit et al.2001). From a macro level, overall result seems to reflect the “collective” culture extant in Indian family system in which conformity to the values and standards of elders and caretakers is supported and reinforced and there is minimum space to exercise individuality, compared to western “individualistic” cultures. Finally, it agrees with the conclusions from the previous studies that well-being may be gained or sacrificed by incorporating the self into collectives (Bettencourt &Dorr, 1997; Crocker, Luhtanen, Blaine, &Broadnax, 1994; Suh, Oishi, Diener, & Triandis, 1998).

More pronounced negative disciplining practices such as punishment(C), rejection(I), social isolation(E) and deprivation of privileges which contribute to adverse, perhaps pathological ambience in HE affects mainly interpersonal relationship of adolescents. Of these variables, “Isolation”(E) (r=-.18,P<.01) “rejection” (I) (r=-.21,P<.01) and deprivation of privileges (r=-.13, p<.05) showed significant negative correlation with interpersonal relationship only(table:1). The other aspects of PW were not affected by them. As in the case of conformity and control, disciplining via “punishment” (negative reinforcement) had significant positive correlation with life satisfaction (r=.14,P<.05) and sociability(r=.21,p<.01). F-change in the multiple regression analysis for these negative HE variables were significant in interpersonal relations(R²= .093,F=3.796, p<.01) and the same was only moderately significant in “sociability” level (R² =.06, F=2.42, P,.05). “Isolation” of the negative HE had maximum loading in interpersonal relations (β =-.26,p<.05) and the same in sociability was not significant(table:4). This shows that negative HE variables may adversely affect the ability to form secure and trusting relationship with others, which will verily hamper the well-being of individual in the long run. Also, establishing good interpersonal relationship with others is a one of the major developmental

tasks of adolescents. A negative HE usually hurts the need for “autonomy” and self-esteem which may perturb the proper dynamism behind the formation of good interpersonal relationships as it hinders the satisfaction of basic psychological needs “autonomy, competency and intimacy” as per self determination theory. External punishments lower autonomy on the self-determination continuum, the child becomes less self-determined. (Deci& al., 2001; Deci, Koestner& Ryan, 1999; Deci, Eghrari, Patrick& Leone, 1994). The environment in satisfaction of basic psychological needs is believed to lead to psychological well-being (Ryan & al., 1995).

The way in which an environment teeming with positivity improves the psychological well-being is indisputable. A “rewarding” environment has highly significant positive correlation with almost all components of PW (Table:1). In the correlations of “reward”, that with efficiency($r=.41$, $p<.000$) and interpersonal relations($r=.49$, $P<.000$) were the highest. Role of reward in “efficiency” is very much important from the academic point of view as “efficiency” in adolescent period is tantamount to efficiency mainly in academic life. This can be explained in terms of following observations from past studies that academic achievement was found to be having significant relationship with self-concept (Saraswat 1982; Desai and Uchat 1983; Panwar1986; Lyon1993; Kobal and Musek 2001; Trautwein et al. 2006 and Tracy 2007). Self-concept is a mediating variable between home environment and academic achievement Hattie (1984) and home environment was found to be influencing the self concept in one way or the other (Revicki 1981; Lau 1995; Massey 1999; Lau and Kwok 2000 and Foluke-Henderson 2007). A rewarding atmosphere is likely to contribute to the formation of a healthy, realistic self-concept which may eventually get reflected in the “efficiency” level of adolescents. “Permissiveness”, another positive HE variable exhibited a pronounced role solely in the “efficiency” component of PW ($r=.18$, $p<.01$) (table:1). “Nurture” also exhibited significant correlation with almost all components of PW. And the correlation with interpersonal relation was highest. F-change for the positive HE variables was greatest and highly significant in interpersonal relations ($R^2=.296$, $F=20.884$, $P<.000$) (table:4) and beta-loadings for “nurture” ($\beta=.30$, $P<.001$) and “reward” ($\beta=.30$, $P<.001$) in it was equally high and significant. The significant role of positive HE in every aspect of PW indicates that a family deprived of these positive qualities might be a family knowingly or unknowingly fostering the seeds of psychopathology. The observation that only positive HE variables “reward” and “nurture” had any significant role in the “mental health”(table:1, see figure) of the selected sample corroborates this conclusion.

CONCLUSION & IMPLICATIONS

The above result reveals the best criterion variables for determining the kind of environment truly necessary for adolescent psychological well-being. The study asserts that psychological well-being of adolescents is solely a function of subjective environment of home of which he/she is a part. And the positivity in the ambience of home is the main factor that contributes to their psychological well-being. At the same time, disciplining through control, conformity etc., not

always threaten the psychological well-being rather enhances it provided, there isn't any extreme form of punishments like social isolation and rejection.

Although addressing adolescent's problems in terms of psychological distress is important, fostering increased attention to their psychological well-being has its own benefits in the realm of mental health researches. On the practical side the emergence of a new psychotherapeutic technique called Positive Psychotherapy (Nossart, 1968) is very much promising. But all these attempts should give enough space to explore the environment especially the home environment of adolescents and identify lurking impediments in it for the accomplishment of their psychological well-being.

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The Effect of Employment and Working Place on Mood States of Employees

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ABSTRACT:

Now a day's police and civil Employees are working in under the stress. Employees are facing psychological problems and emotional stability and problem are increasing day by day. Low salary and job insecurity is becoming a serious problem and job attitude of Employees is changing and less satisfaction has been seen. In present study researcher has comprises the mood states to nature of employment and area of working place of police and civil employees in Aurangabad district. Main objectives of the present research are to study the mood states of employees serving in police and civil departments and study the mood states of urban and rural employees serving in police and civil departments. It was two hypotheses formulated that, there will be significant differences in mood states of police and civil employees and there would be significant differences in mood states of urban and rural employees serving in police and civil depts. The 400 police and civil employees were chosen by successive purposive sampling method from urban and rural area of Aurangabad district. Mood states questionnaire used (Dr. Mahesh Bhargva and Dr. S.D. Kapoor) for data collection. Two way ANOVA used for data analysis and results found that the significantly differences ($df=1,396$, $P<0.01$) on mood states of employees. Hence concluded that area of working and nature of employment significantly impact on mood states of employees.

Keywords: *Mood States, Nature of employment, area of working.*

INTRODUCTION

There are number of Psychological researches related to behavioral aspects of human being of organizational field. Presents research is about police and local body Administration of organizational field. Now a day's police and civil Employees are working in under the stress. Employees are facing psychological problems and emotional stability and problem are increasing day by day. Low salary and job insecurity is becoming a serious problem and job attitude of Employees is changing and less satisfaction has been seen.

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The effect of employment and working place on mood states of employees

To study police Employees Psychologically become necessary because of suicide case on Duty, Demolishing, antisocial activities, aggressiveness of seniors and this results in indicate imbalance of low order. In beside, Exploitation of citizens treating inferiorly, job in satisfaction, Corruption, various scandals, sexual Harassment by some civil employees of local body administration, force to study Psychologically Above said is to focus on mood states. It is necessary to study their state of mind psychologically.

Mood states:

The word “mood” has a wide range of usages and meaning. One might use the term to describe a phenomenological property of an individual’s subjectively perceived affective state; e.g., someone may be in a cheerful mood or a hostile mood. One might also use mood to describe a property of an inanimate object; - e.g., a point-of-purchase display may have a “sophisticated mood” or a “fun mood.”, we will adopt the former, phenomenological, approach and view moods as feeling states that are subjectively perceived by individuals. As such, moods are a subcategory of feeling states. The phrase “feeling state’ will be used to, refer to an affective state that is general and pervasive. Such states “suffuse all one’s experiences, even though directed at none in particular” (Fiske 1981, p 231). These states can be contrasted with feelings directed toward specific objects, e.g., the affective component of brand attitude. , Mood will refer to feeling states that are transient; such states are particularized to specific times and situations (Peterson and Sauber 1983) and may be contrasted with those that are relatively stable and permanent (Westbrook 1980)). Examples of invariant feeling states include personality dispositions such as optimist/pessimism (Gold man-Eisler 1960; Tiger 1979) and enduring global attitude structures such as satisfaction (Andrews and Withy 1976),moods may be distinguished from emotions, which, in contrast are usually more intense attention-getting and tired to a specifiable behavior (Clark and Isen 1982). One is almost always aware of one’s emotions and their effects, which may redirect attention to the source of the emotion and interrupt ongoing behavior (Simon 1967). Different types of positive moods (e.g., cheeriness, peacefulness, and sexual warmth) and negative moods (e.g., anxiety, guilt, and depression) can be readily identified. Although categorizing moods as positive or negative may be an oversimplification (Belk 1984), existing research does not provide much insight into the effects of specific moods. In fact, most studies have involved broad manipulations designed to induce positive and/or negative moods and have not attempted to affect or assess specific moods. It is often difficult to infer the induced mood or its strength; e.g., subjects told that they have failed a test of perceptual motor skills may not respond emotionally or they may feel depressed, frustrated, or anxious. In addition, many common manipulations may fail to induce discrete moods, and naturally occurring feeling states may appear in clusters (Polivy 1981).

The most recent development in scientific psychology has been concerned with the psychology of emotions. The emotional life was considered better than the rational life because it was directly connected with the body. Those theorists of antiquity and feeling at all as psychological problems attributed them to a lower type of soul. The whole direction of our schooling in ethical

The effect of employment and working place on mood states of employees

problems and problems of correct behavior has been, until very recently, schooling in emotional inhabitation. The child must learn to control his loves and his hates, his fears and rages, his moods of excitement and depression despite the fact that civilization requires emotional control and emotional inhabitation most of us who are honest with ourselves realize that, were it not for the promise of certain emotional satisfaction. Life would be scarcely worth living at all.

No doubt many points in the older views regarding emotions were basically sound. It is quite obvious to everyone that must be curbed at sometimes and redirected at others. The modern view breaks with the order pre scientific view not at all another question of ethics but rather and questions as to the nature of the emotions. Emotions are today considered as natural phenomenon exactly as worthy of psychological study as any other form of behavior.

As the age grow young and old both may regress to infancy, to escape reality, becoming depended on others for care. Thus the emotional disturbances such as anxiety, depression, aggression, conflict, fatigue at quilt feeling, among peoples may be seen commonly in several cases.

Previous Studies:

Hart, Perter M (1999) examined a theoretical model that linked neuroticism, extroversion, daily hassles and uplifts in work and non work domains, job satisfaction and non work satisfaction to overall life satisfaction. Structural equation analysis was conducted on 3 waves of data obtained from 479 police officers. It was found that job satisfaction made independent contributions or overall life satisfaction but there was no significant relationship between work experiences and non - work satisfaction, non work satisfaction. These finding support a segregation model rather than a spillover model of the links between the work and non work domains of employees lives. More over the total effects showed that life satisfaction was determined, in order of importance, by non work satisfaction, job satisfaction, neuroticism, non work, hassles, job satisfaction, non work uplifts, extroversion work hassles and work uplifts. Kohan Andrea, Oconnor, Brian P (2002) examined job satisfaction, job stress and thoughts of quitting in relation to positive and negative effect, life satisfaction, self esteem and alcohol consumption among 122 police officers. Exploratory and confirmatory factor analyses revealed that 2 dimension's positive and negative effect provided a clear family tree organizational framework was primary associated with positive effect. Life satisfaction and self esteem; Job stress was primarily associated with negative effect and alcohol consumption thoughts of quitting and moderate loading on both factors. Kirmeyer, Sandra L (1988) investigated buffering role of social support in relationship of work load to tension anxiety and coping for police radio dispatchers. Found under high perceived load dispatchers with high social support engaged in more coping actions and felt less tension anxiety than did low - support dispatches. Evans, Barry - J, coman, - Gerg - J (1992) Examined stressors reported by police officers and correlated them with perceptions of their working environment and measurers of anxiety, Locus of control and mood states. 371 Australian police officers were administrated test that included a critical life events scale, the profile of mood states and the state - Trait Anxiety inventory stress was considered in terms of

The effect of employment and working place on mood states of employees

job content and job context. SS were stressed primarily by organizational variables common to occupational groups, such as rules, regulations and social ethos. Officers perception regarding the poor quality of supervision and he limited context to which they can to rely on supervisors constituted important organizational stressors. Trait anxiety was found to be an important variable in the job stress appraisal process. Data highlight the important of dimension between job contents and job context stress.

Main purpose of present study, researcher has comprises the mood states to nature of employment and area of working place of police and civil employees in Aurangabad district (M.S, India).

PROBLEM

“To comparative study of mood states of employees serving in police and civil department in Aurangabad district”

OBJECTIVES

Following are the main objectives of the present research:-

1. To study the mood states of employees serving in police and civil departments.
2. To study the mood states of urban and rural employees serving in police and civil departments.

HYPOTHESES

Following hypotheses are framed for the present study:-

1. There will be significant differences in mood states of police and civil employees.
2. There would be significant differences in mood states of urban and rural employees serving in police and civil depts.

METHOD

A) Sample

The sample was drawn from the population of employees working from Aurangabad district. The present study consists 400 respondents (200 policemen and 200 civil employees). Respondents were selected from Aurangabad district by Randomized method. All these respondents were matched for pay scale (a basic 4200 to 5700) educational qualification (12th to undergraduate), experience (10 to 15 year between) and age group (30 to 45 years). Sample consists of Police Head Constable (police employee) and Senior Clerks (civil employees).

Out of 400 respondents, 200 employees are serving in rural area of Aurangabad district since last five year and 200 urban employees serving area of Aurangabad city since at last five year. Sample of senior clerks were taken from collector office, Zillha Parishad office, Tahsil office and

The effect of employment and working place on mood states of employees

Panchayat samitee and policemen taken from various police station in Aurangabad district. Following table gives an idea of the sample.

Area of working place	Police employees (Head constable)	Civil employees (Senior clerk)	Total
Urban employees	100	100	200
Rural employees	100	100	200
Total	200	200	400

****Operational definitions of the terms used in the sample*.***

1. Civil employees

Persons serving as senior clerk in Zillha Parishad, Panchayat Samitee, Tahsil office, and collector office are considered as civil employees.

2. Police Employees

Persons serving as head constables in police department of Aurangabad district are considered as police employees.

3. Urban employees

Employees serving in Aurangabad city are considered urban employees.

4. Rural employees

Employees serving at Taluka place in Aurangabad city are considered urban employees.

B) Tools used for data collection:

Mood States Questionnaire by Dr. M. Bhargva and Dr. Kapoor:- Researcher has used eight state questionnaire designed and prepared by Cattell and Curran (designed 1973 Curran in press) published by National Psychological Corporation at Agra. The eight state questionnaire (8 SQ) was specify for measuring eight important emotional states and moods i.e Anxiety, Stress, Depression, Guilt, Regression, Fatigue, Extraversion and Arousal. Reliability and Validity is very high and satisfactory of this questionnaire.

C) Variables the under study:

The present study was designed to find out the effect of independent variable and dependant variables. Following variables were studying:-

The effect of employment and working place on mood states of employees

Independent variable (Ivs):-

1. Nature of Employment (A):- A1 Police Employees
A2 Civil Employees
2. Area of working place(B):- B1 Urban Employees
B2 Rural Employee

Dependent variable (Dvs):- Mood States

D) Research design

In the present study researcher designed to study the Police employees and civil employees. This was belonging from Urban and rural areas. Therefore researchers framing the following type of 2x2 factorial design.

Nature of Employment (A)	Area of working place(B)	
	Urban (B1)	Rural (B2)
Police employees(A1)	A1B1	A1B1
Civil employees (A2)	A2B1	A2B2

E) Procedure

After establishing proper rapport with the subject, the Life satisfaction Scale and Eight State Questionnaire was administered on the sample in small groups of 20-25 employees in Aurangabad district.

STATISTICAL ANALYSIS AND RESULTS

Researcher apply following properties for statistical treatment, descriptive statistics, two-way ANOVA and 't' techniques will be used for data analysis to understand the mean difference between both groups of employees.

Table no: 1 shows the research design with sample size.

Variables(Ivs)	Value Label	N
Area of working	Urban employees	200
	Rural employees	200
Nature of Employment	Police employees	200
	Civil Employees	200

Table No.02: shows two-way unvaried analysis of variance for dependent variable Mood states.

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Area of working	10475.523	1	10475.523	52.621	0.01	0.117
Nature of Employment	1975.802	1	1975.802	9.925	0.01	0.024
Area of working X Nature of Employment	1517.103	1	1517.103	7.621	0.01	0.019
Error	78833.970	396	199.076			
	92802.4	396				
Total	3392293.000	400				

p- 0.05= 3.86

0.01= 6.70

Eta squared= 0.01= small effect; 0.06=moderate effect 0.14= large effect

In the above table two-way unvaried analysis of variance it is shown that the first main effect of area of working i.e urban and rural .The value $F(1,396) = 52.621$. which is significant on 0.01 level Hence it indicate that urban and rural employees showing significant difference about mood states and Eta squared value is 0.117, showing moderate effect and variance is '1.1'.

The effect of employment and working place on mood states of employees

Second main effect is nature of employment i.e police and civil employees the value $F(1,396) = 9.925$ ($df=1,396$). Which is significant on 0.01 level. Hence showing significant difference about mood states and Eta squared value is 0.024, Showing small effect and variance is 0.2. The interaction effect showing significant difference about mood states “F” value is 7.621 its significant on 0.01 level and eta squared value is 0.019 showing small effect and its variance is 0.1.

For the critical analysis, researcher analyzed Post-Hoc test as “t” test.

Table No.3: shows difference between civil and police employees for dependent variable mood states.

Group	N	Mean	SD	T	Significance Level
Civil	200	93.04	15.623	2.9403	0.01
Police	200	88.60	14.572		
Urban	200	95.94	12.294	7.1130	0.01
Rural	200	85.71	16.204		

$P = 0.05 = 1.98$

$0.01 = 2.617$

In the above table the mean value of civil employee is 88.60 and SD is 14.572 as well as the mean value of police employee is 93.04 and SD is 15.623. Obtained ‘t’ value is 2.9403. Which is significant on 0.01 level. On the basis of mean it is concluded that the level mood states high in police employees than civil employees. And accept third hypothesis “There will be significant differences in mood states of police and civil employees”. The mean value of urban employee is 95.94 and SD is 12.294 as well as the mean value of rural employee is 85.71 and SD is 16.204. Obtained’ value is 7.11. Which is significant on 0.01 level. Hence, it is concluded that the mood states level high in rural employees and urban employees. And accepts hypothesis fourth, there would be significant differences in mood states of urban and rural employees serving in police and civil depts.

DISCUSSION:

Hypothesis No. 01: “There will be significant differences in mood states of police and civil employees.”

As per table No 2 and 3, the means of mood states score are 93.04 and 88.60 respectively for the police and civil employees, the main effect of employment is significant for mood states ($F=9.925$, $df-1,396$, $P<0.01$). The policemen scored higher on mood states than civil

The effect of employment and working place on mood states of employees

employees, the results supported hypothesis. The effect size (partial eta square) for the main effect of nature of employment on mood states is small (0.024) meaning that nature of employment explains 0.2% variance for mood states. The results of indicate that the mood states levels is higher in policemen than civil employees.

Police employees have high mood state level than civil employees. In present research the mixed results are found in the term of stress, Anxiety, arousal and fatigue. In short there is interrelationship between work/job factors psycho-social factors end may be because of these above results are founds.

Hypothesis No. 2: “There would be significant differences in mood states of urban and rural employees”.

As per table 2 and 3, the mean of mood states scores are 95.94 and 85.71 respectively for the rural and urban employees. The main effect of area of working is significant ($F=52.621$, $df =1,396$, $P<0.01$) for mood states. The rural employees mean scored higher on mood states level than urban employees. The results support hypothesis 20. The effect size (partial eta square) for the main effect of area of working on mood states is large (0.11), meaning that area of working explains 1.1% variance for mood states. The results indicate that the mood states levels is higher in rural employee than urban employees. The mood states level is found to be more in rural employees than urban employees. From the different view of thinking mental stress is emerged. If the working place is far way from head office then the orders and information of senior officers are not cleared. The orders and information of senior officer are unclear because of for distance between working place and head office. Hence employees get pressured shed work. The job distribution is beyond capacity of the employees due to which pressure of job is increased. Having the lack of facilities, job status is getting decreased. The fulfill needs of family; salary is not sufficient as compare to job. Always not only due to economical problem but also work responsibility, the employees are getting seek or hectic.

CONCLUSIONS:

1. The mood states level is higher in policemen than civil employees.
2. The mood states level is more in rural employees than urban employees.

SUGGESTION:

Following attempts are made to help employee's better manage the personality:-

1. To Design of programs and activities to increase officer participation in decision making and improve the quality of work life through enhanced communication.
2. Establishment of specific police stress programs such as psychological services health/ nutrition programs and exercise programs.
3. Development of peer-counseling programs.
4. Development of operational policies that are directed at reducing stress (scheduling, work hours, workload etc)
5. Development of managerial skills that are people oriented.
6. Use of relaxation and other stress reducing techniques.
7. Use of spouse/family/involvement programs.
8. Communicate policies effectively to publics and officers.
9. Treat all citizens with respect and preserve human dignity.
10. Values are designed as beliefs and principles by which the people department fulfills responsibilities.
11. Decreasing working hours, workload and Govt. give to optimum values of work.

LIMITATIONS:

1. The present study is limited to mainly police employees, who are serving in as of head constable and civil employees, who are serving in as senior clerks from the local administration sector.
2. The study has been delimited with respect to sample. The size of the sample is drawn from the various Police-stations in the Aurangabad city and taluka place.
3. The age group of the sample is in between 25to45 years & all over ss is married.
4. There are no considerations for sex difference in the present research.
5. Present study is only limited on Aurangabad District.

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Attitude of College Going Youth towards Research in Tamilnadu

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ABSTRACT:

The present study aims to know the attitude of youth towards research in Thiruvannamalai district of Tamilnadu. The investigators adopted normative survey as a research method and adopted simple random sampling technique to draw 300 samples from various colleges. The findings of the study reveal that youth are having favourable attitude towards research and the research interest of urban area youth is better than the rural area youth.

Keywords: Attitude, Youth, Research, Tamilnadu.

INTRODUCTION

Research in India is not up to the mark of global demands in many fields. The Gross enrollment ratio of youth in higher education is 17.9% in which only 2.1 percent of them only enroll themselves in research programmes. The interest of youth should be channelized towards the research activities. It could be achieved in the very beginning of formal education. The strength of our nation depends on the teacher's ability to rear well-educated, responsible, well-adjusted youth who will step forward when the adult generation passes on to retirement. The teachers should motivate the youth to participate in research or project works in school level itself. The responsibility of teachers and institutions is to see that the youth should be strong enough to participate in research activities. This could be achieved by setting up the quality research mind among the youth.

The research enrollment in India is very less than the other developing countries and developed countries. Only very few of youth enroll in research programmes, it may be due to the lack of research aptitude, social pressure to choose a career at earlier, lack of awareness about research etc. Therefore, the investigators interested to know the attitude level of the college going youth towards research. The findings of the study will yield fruitful result on the field of higher level educational research. So, the present study has high need and importance.

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OBJECTIVES

The investigators of the present study framed the following objectives

1. To find out the college going youth' attitude towards research in Tiruvannamalai district.
2. To find out the significant mean difference between male and female youth with respect to attitude towards research.
3. To find out the significant mean difference between rural and urban area youth with respect to attitude towards research.
4. To find out the significant mean difference between Tamil and English medium youth with respect to attitude towards research.
5. To find out the significant mean difference between nuclear and joint family youth with respect to attitude towards research.

HYPOTHESES

The investigators of the present study framed the following hypotheses based on the objectives stated earlier

1. The college going youth' attitude towards research in Tiruvannamalai district may be favorable.
2. There is no significant mean difference between male and female youth with respect to attitude towards research.
3. There is no significant mean difference between rural and urban area youth with respect to attitude towards research.
4. There is no significant mean difference between Tamil and English medium youth with respect to attitude towards research.
5. To find out the significant mean difference between nuclear and joint family youth with respect to attitude towards research.
- 6.

METHOD OF STUDY

In this present study, the investigators applied normative survey as a method. The normative survey method studies, describes and interprets what exists at present.

STATISTICAL TECHNIQUES

In this present investigation the following Statistical techniques were used.

Descriptive Analysis

- i) Measures of central tendency (mean)
- ii) Measures of variability (standard deviation)

Differential Analysis

- iii) Independent sample 't' test

DELIMITATIONS

- This study is confined to Tiruvannamalai district of Tamil Nadu.
- It is confined itself to the 300 college going youth.
- It is restricted to certain demographic variables only.

LOCATION

The present investigation is conducted in arts and science colleges in Tiruvannamalai district of Tamil Nadu. For this study, as many as many as nine colleges were selected for data collection.

VARIABLES OF THE STUDY

Variables are the conditions or characteristics that the researcher manipulates, controls or observes. Different variables selected by the investigators given the following sub-headings.

Main variable

The dependent variables are the conditions or characteristics that appear, disappear, or change as the researcher introduces, removes, or change independent variables. For the present study, **Attitude towards research** was taken as a main variable.

Demographic variables

The investigators of the present study utilized the following demographic variables, they are;

- | | |
|-----------------------|---------------------|
| 1. Gender | - Male/Female |
| 2. Locality | - Rural/Urban |
| 3. Medium | - Tamil/English and |
| 4. Family Type | - Joint/Nuclear |

SAMPLE OF THE STUDY

The present study consists of 300 youth studying in various colleges in Tiruvannamalai district of Tamil Nadu. The samples were selected by using simple random sampling technique.

TOOL USED

The data are necessary for carrying out research investigation if must be collected with the special instrument or devices. The successful outcome research is mainly depends upon the proper selection of the research tool. So the investigators used the attitude towards Research Scale, which was constructed and standardized by Suresh Kumar, M. [2013]

DESCRIPTION OF ATTITUDE SCALE

This scale has 29 statements, each statement in this attitude scale was set against five alternative responses, they are **Strongly Agree, Agree, Undecided, Disagree and Strongly Disagree**. Some of the statements in this scale worded in positively and the remaining of them worded in

Attitude of College Going Youth towards Research in Tamilnadu

negatively. Out of 29 statements in the scale 19 of them are positively worded and the remaining 10 of them worded negatively. A score of five is given to strongly agree, four for Agree, three for undecided, two for disagree and one for strongly disagree responses in positively worded statements but the scoring is reverse for negatively worded. The maximum score for this attitude scale is 145 and the minimum score is 29.

List of positive and negative statements

Positive (19)	1, 2, 3, 6, 8, 10, 11, 12, 13, 18, 19, 20, 21, 23, 24, 25, 27, 28 and 29
Negative (10)	4, 5, 7, 9, 14, 15, 16, 17, 22 and 26

RELIABILITY:

Reliability refers to the consistency with which a test measures, whatever it measures. The concept of reliability suggests both stability and consistency of measurement. The investigators calculated the reliability analysis and given below.

METHOD OF RELIABILITY ANALYSIS	RELIABILITY CO-EFFICIENTS
Correlation between forms	0.712
Equal-length Spearman-Brown	0.701
Guttman Split-half	0.791
Unequal-length Spearman-Brown	0.719

VALIDITY:

The Attitude towards research scale was given to the experts in order to find out its content validity. The experts agreed that the items in the scale provided adequate coverage of the concept i.e. attitude towards research.

PERCENTILE NORM:

Norms have been worked out for this scale.

Score Range	Norm
98 and below	Unfavourable Attitude towards research
above 98	Favourable Attitude towards research

ADMINISTRATION

To collect data for the present study, the investigators administered the questionnaire individually with prior permission from the Heads of colleges in Tiruvannamalai district. The investigators given brief introduction about their research also provided adequate guidance to the

college going youth. Whenever they face problem the researcher clarified immediately. In this manner, the investigators collected all the research tools from the selected sample.

DATA ANALYSIS AND INTERPRETATION

One of the important objectives of the present investigation is to study the attitude towards research of college going youth. For that, the investigators used a scale which was constructed by M. Suresh Kumar [2013]. The maximum score for this scale is 145 and a minimum score is 29. Hence, one secures a score above 98 indicates favourable attitude towards research and a score below 98 indicates unfavourable attitude towards research. The computed values of entire sample and its sub-samples are given in the Table 4.1.

Interpretation

It is evident from the Table 1., the calculated mean score of entire sample of college going youth is found to be 102.80 and the standard deviation value is found to be 14.12. The calculated mean value is higher than the percentile 50 [98]. Hence, it is inferred that the college going youth are having favourable attitude towards research.

The calculated mean score of different sub samples of college going youth is ranging from 101.96 to 104.65. These values are higher than the percentile 50 [98]. Hence, it is inferred that irrespective of sub samples the college going youth have favoruable attitude towards research.

It is evident from the table, the calculated 't' values are found to be 0.82, 0.65, 0.09 and 1.47 respectively for gender, locality, medium and family type. These values are not significant at 0.05 level. Hence, it is inferred that the sub samples of above variable do not differ significantly in their attitude towards research.

TABLE - 1

THE MEAN, STANDARD DEVIATION AND 't' VALUE YOUTH IN THEIR
ATTITUDE TOWARDS RESEARCH

S. No.	Variable	Sample	N	Mean	S.D.	't' Value	LS
1	Gender	Male	141	102.08	13.49	0.82	NS
		Female	159	103.43	14.69		
2	Locality	Rural	78	101.96	12.53	0.65	NS
		Urban	222	103.09	14.65		
3	Medium	Tamil	165	102.86	13.82	0.09	NS
		English	135	102.71	14.52		
4	Family Type	Nuclear	217	102.09	14.95	1.47	NS
		Joint	83	104.65	11.54		
5	Entire Sample		300	102.80	14.12	-	

IMPORTANT FINDINGS

The hypotheses formulated at the beginning of the study have been examined in the light of the data gathered. The following are the main findings of the present investigation.

1. The college going youth are having favourable attitude towards research and irrespective of sub samples the college going youth have favorable attitude towards research.
2. The male and female youth do not differ significantly in their attitude towards research.
3. The rural and urban area youth do not differ significantly in their attitude towards research. The attitude score of urban area youth is higher than the rural area youth.
4. The Tamil and English medium youth do not differ significantly in their attitude towards research.
5. The Nuclear and joint family youth do not differ significantly in their attitude towards research.

RECOMMENDATIONS

The present study gives a clear-cut view about the present position of youth. Based on the important findings of the attitude towards research and peer group adjustment the following recommendations are made.

1. The college going youth are having favourable attitude towards research. So, the teachers and parents encourage them to achieve more in research area by allowing them to pursue quality research work in India.
2. Government should provide adequate facility to youth to get involve in quality research in arts, science, medicine, engineering and management etc.,
3. Stipend, scholarship, fellowship, financial assistance to all youth researcher should be done by the authorities in India.
4. The attitude level of urban area youth is better than the rural area youth. So, more facility should be given to both area and the government should encourage the rural area youth to participate in research activities.
5. Renowned research centres and Universities should motivate the young researcher by honouring, recognizing the young talented researchers in every year in all parts of India.
6. More career opportunities should be created to research degree holders that will motivate more youth to participate in research activities.
7. The sub samples of the present study do not show significant difference between in their attitude towards research. So, the policy makers and curriculum frame workers should consider this finding while developing research interest among the youth in this area.

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Role of Self Concept on Adjustment among Middle Aged Women

Pragati Dixit*

ABSTRACT:

The purpose of the study was to determine the role of self concept on adjustment among middle aged women. Self concept is the way people think about themselves including their abilities, physical features, goals and social roles. Adjustment refers to the process by which an individual makes an adequate relationship with his environment and satisfies his needs. M.R. Rastogi's Self Concept Scale and Global Adjustment Inventory of Psy-com services was used for obtaining data. The sample consisted of 120 married women with age range 30- 45 years selected by means of purposive random technique of sampling. Regression analysis and t-test was used to analyze data. Results indicated that self concept influences adjustment of women positively.

Keywords: *Self concept, Adjustment*

INTRODUCTIONTM

The concept of self is probably one of the most admired ideas in psychological and educational literature among the various popular concepts which is considered as a key to success. It is important to mention that self-concept is a central theme around which a large number of the major aspects of personality are organized. Self-concept is individuals' perception of their abilities, behavior and personality on the whole. It refers to an individual's beliefs and understanding about himself that are developed from the experiences that the person gains through the interaction with others in the society and are concerned with personality traits, abilities, physical features, values, goals and social roles. If people have a positive attitude towards own self and confidence in them then they may get success in every sphere of life. Self-concept is the way people think about themselves. It is unique, dynamic, and always evolving. This mental image of oneself influences a person's identity, self-esteem, body image, and role in society. As a global understanding of oneself, self concept shapes and defines who we are, the decisions we make, and the relationships we form. It is perhaps the basis for all motivated behavior (Franken, 1994).

Raimy (1943) was the first person who defined the self-concept as “ the more or less organized perceptual object resulting from present and past self observation... (i.e.,) what a person believes about him. The self-concept is the map which each person consults in order to understand him, especially during moment of crises or choice”.

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Some researchers described self-concept as an organized collection of beliefs and self-perceptions about oneself, including one's attitudes, knowledge and feelings regarding abilities, appearance and social relationships. The self is a framework that determines how we process information about ourselves, including our motives, emotional status, self-evaluations, abilities and much else besides (Klein, Loftus & Burton, 1989; Van Hook & Higgings 1988). Self-concept is also defined by Purkey (1988) as the sum of a complex, organized, and dynamic system of learned beliefs, attitudes and opinions that each person holds to be true about his or her personal existence.

It can be better understood in the words of Thompson (2003) "self concept is a multidimensional construct, including the dimension of self worth. Self-concept includes an individual's overall perception of their psychological and physiological being, where as self-esteem is the judgment of worth an individual assigns to his or herself."

Thus, there are various views regarding self concept but a general agreement is made that self concept is the knowledge of a person about his own abilities, personality characteristics, social relationships and their role and position in the society. Self concept can either be positive (high) or negative (low). Positive or high self concept is important because it leads to sense of self worth, self-confidence, self respect, positive self evaluation, self esteem and self acceptance (Arthur, 1992). High self concept enables an individual to execute at superior level and utilize the learning experiences in the most favorable manner. On the other hand, low self-concept leads to frustration and involves in self-hatred (Lebar, 1999). Different views are proposed besides these two dimensions regarding whether self-concept reflects multiple or a single unity structure (Campbell et al., 2003). A common idea is that self is a multidimensional construct which consists of very different cognitive and affective components. On the other hand, consent has been reached that self is a unitary structure which depicts global ideas such as self-esteem and self-clarity (Nowak et al., 2000; Rogers, Kuiper & Kirker, 1977).

Self-concept encompasses three major qualities as suggested by Purkey (1988) that it is

- learned,
- organized,
- dynamic

Self concept is a psychological construct that affects thoughts, emotions and also other behaviours (Byrne, 1996; Harter, 1990; Marsh, 1990). Thus, it becomes essential to understand about women's concept of self as Messias et al. (1997) stated that occupying multiple roles is thought to increase the women's chances to learn, to develop self-efficacy and self-esteem, to build social network and open access to informational, instrumental and emotional support, and to buffer life's stresses and strains. The importance of self-concept stems from its influence over the quality of a person's behavior and his/her method of adjustment to life and situation. It determines an individual's adjustment in all the spheres of life as if the person is having positive view of himself then it will be easy for him to adjust in a new environment. Ybrandt (2007) explained that a positive self concept is the most important factor for adjustment and as a

safeguard against typical problems behaviours (internalized and externalized). Thus study of adjustment also becomes essential while looking for self concept of women.

Adjustment refers to the extent to which an object fits the purpose for which it is intended. In simple words it is a process that makes a balance between the demands of the environment and needs and interests of an individual. It is an active process by which the daily programs run smoothly without being affected. It occurs as the individual lives in his family situation, advances educationally, pursues vocational outlets, and engages in social relationships. His adjustment is helped as he acquires new experiences, accepts ideas and behaviour with which he may not agree, conforms to the ways of the members of the group or to the mores of society and strives to attain self realization. Adjustment is a static equilibrium between an organism and its physical and social surroundings in which there is no stimulus change evoking a response. Further no need remains unsatisfied and all the continuative functions of the organism are proceeding normally. In broader sense adjustment refers to the psychological processes through which human beings manage or cope with the demands, challenges, and frustrations of everyday life.

The extent to which an individual is able to achieve successful life adjustment prominently depends on the environmental stimuli to which he is successively exposed during his life span, especially during his childhood and adolescent years and his inherited and acquired power to make whatever changes within himself that shall serve as the bases of constructive thinking, feeling and doing. Poor environmental conditions and/ or deficient potentially are more than likely to encourage the development of maladjustments that can be harmful both to the individual himself and to those other persons whose lives are affected by his demonstrated attitudes and behaviour.

Thus, it can be said that adjustment is a continuous process by which an individual makes an adequate relation with his/her environment and fulfill his basic needs in a reasonably satisfied manner. In other words, it is the process by which a person varies his/her behaviour to produce a more harmonious relationship between him and the environment in which he/she lives. It has also been defined as the individual's successful adaptation to and interaction with his environment.

An individual's degree of successful adjustment in various spheres is perhaps strongly related to his/her past experiences, environmental influences and personal strengths. An individual hold the power to select, and to apply to himself the environmental elements and the experiences that may seem to him to be best suited to satisfactory adjustment. At the same time, however, the operation in a person's life of scientifically evolved principles of cause and effect cannot be disregarded.

Adjustment refers to the individual's behaviour delaying with or mastering demands that are made upon him by his/her environment. It is emphasized that adjustment is a learned behaviour, not an innate quality and is a continuous and indispensable process which is necessarily determined by the norms of the society and the environment with which the person is associated.

Role of self concept on adjustment among middle aged women

As it is known that adjustment is a process of continuous interaction, since both the organism and its environment is not static. It is a dynamic aspect concerning to any individual as the environment differs adjustment also differs. Adjustment may be viewed from two dimensions. First, adjustment may be viewed as an achievement or how well a person handles his conflicts and overcomes the resulting tension. Second, adjustment may be looked upon as a process or how a person adjusts to his conflicts.

Bala and Laxmi (1995) reported that perceived self concept as well as social self concept was positively correlated with marital adjustment for both employed and unemployed women.

Dixit (2013) conducted a study on a sample of 400 women (200 housewives and 200 career women) and found a positive relationship between self concept and adjustment. It was also reported that worthiness, abilities, emotional maturity, health and sex appropriateness and present, past and future are the significant predictors of adjustment for housewives as well as for career women.

PURPOSE OF THE STUDY:

In recent years, many studies have been conducted on self concept and adjustment but most of them are done on adolescents. However a few studies have been done in the context of women's self concept and its influence upon adjustment. Therefore present investigator attempts to study self concept of women and its effect on adjustment.

OBJECTIVES:

- To assess self concept and adjustment of women,
- To determine the influence of self concept on adjustment of women,
- To determine the weather levels of self concept affect adjustment of women.

HYPOTHESES:

- Self concept will predict adjustment of women,
- There will be no significant difference between adjustments of women having high and low self concept.

METHOD:

Participants:

The participants of the present study consisted of 120 married women age ranges from 30 – 45 years. The women included in the study belonged to urban background. The participants were selected through purposive random sampling technique from Aligarh city.

Tools:

Self Concept Scale:

In the present study Self Concept Scale developed by Rastogi (1979) was used for obtaining the information regarding the concept of 'Self' of women. This scale seems to be the most suitable tool for measuring self concept in the present study as it was meant for Indian adult population. It is a 51 item scale scoring on five point rating scale ranging from 'strongly agree' to 'strongly disagree' with possible score of 51 to 255. This scale consists of ten constructs covering three dimensions of Self-concept i.e., Perceptual, Conceptual and the Attitudinal dimensions. Thus, the ten constructs are - Health, Abilities, Self-Confidence, Self-Acceptance, Worthiness, Present, Past and Future, and Belief and Convictions, Shame and Guilt, Sociability and Emotional Maturity. There were 22 positive statements and 27 negative statements and each dimension consists of both types of statements. Positive statements were scored as 5,4,3,2,1 whereas negative statements were scored as 1,2,3,4,5. The greater score indicates, better self-concept of an individual. The reliability of the scale by split half method was found to be 0.87.

Adjustment scale:

The Global Adjustment Scale 'Adult Form' was used to measure the adjustment of women. This scale was developed by Psy-com services in 1994. This scale measures the level of adjustment in six areas named family, health, emotional, occupation, sexual and social. Lower scores on scale indicate better adjustment in all areas. The description of its dimensions are as under:

Family: This dimension includes statements regarding relationships with spouse, children, freedom and cohesion in the family.

Health: It is related to the physical function of the body.

Emotions: It includes the statements regarding maturity and sensitivity.

Occupation: This dimension mainly centered on the feeling of job satisfaction and job involvement.

Sex: It includes sex related behavior i.e., sex related knowledge, anxiety, myths.

Social: This aspect measures hostility/submissiveness in behavior, acquaintances outside home and how much trust the person has on people around him.

Every area had 20 items to be rated as yes, no or sometimes. There were also some negative statements that were scored as 0,2,1. The score on the scale can range from 0 to 240.

Role of self concept on adjustment among middle aged women

The reliability through split half method for emotional, family, health, occupation, sexual and social is 0.76, 0.66, 0.69, 0.68, 0.79 and 0.73 respectively. The factorial validity coefficient for emotional adjustment is .70, family adjustment .58, health adjustment .65, occupational adjustment .61, sexual adjustment .72 and for social adjustment is .65.

Procedure:

The researcher contacted to all the participants individually. The women were contacted either at their work place or at home. The questionnaire was given to the respondents after establishing good rapport with them and requested to fill up the questionnaires. The participants were asked to fill-up all the statements by following the instructions given in each of the questionnaire. The subjects took 15-20 minutes in giving their response. The subjects were told to mention their age, income and education. In the last the researcher appreciated for their co-operation and help.

Statistical Analysis:

In view of the nature of research investigation and the hypotheses of the study\Regression Analysis was used to ascertain the influence of self concept on adjustment. Regression Analysis by adopting Stepwise method was found most appropriate in analyzing the data. Further, high, moderate and low groups were formed on the basis of quartile deviation of the raw scores of self concept scale to ascertain whether level of self concept affect adjustment of women. Analyses were done using 16.0 version SPSS (Statistical Package for Social Sciences), which yielded results in different steps. The obtained results are discussed in later pages.

RESULTS AND DISCUSSION:

Table -1, Table showing dimensions of self concept that predict adjustment of women

Model	R	R Square	R Square change	Beta	t	Significance
1	.362 ^a	.131	.131	.298	3.54	.001
2	.457 ^b	.209	.077	.285	3.39	.001

a. Predictors: (Constant), present, past, future

b. Predictors: (Constant), Present, past, future, self acceptance

Role of self concept on adjustment among middle aged women

Above table highlights the dimensions of self concept which emerged as significant predictors of adjustment. Present, past, future and self acceptance found to be significant predictors of adjustment among women. Multiple correlations was found to be .457 for present, past, future and self acceptance. Further R square was shown that represents the contribution of the predictor variable. The R square change which was considered as the actual contribution of predictors to the criterion variable was found to be .131 for present, past, future and .077 for self acceptance. The beta value which indicates the relationship between the predictors and dependant variable showed positive relation among all the predictors and dependent variable.

Present, past and future was predictor of adjustment that should be considered as the t-value (3.54) was also found significant. Present, past and future refers to the coordination between the past and present events and their influence on the future events also. The beta value that was found positively related with adjustment also revealed that the adjustment increases when the past events do not affect present and future events.

Self acceptance was found to be other predictor of adjustment among women. Self acceptance refers to approve yourself in the way you feel about yourself. There is no conflict between the real and ideal self of an individual. The t-value (3.39) was found to be statistically significant which showed that women who perceive themselves as they are and not wanted to be like others, they will be better adjusted as it has been observed that huge discrepancy between the perceived self and the real self or the ideal self will probably lead to unhappiness, poor adjustment and further mental health problems.

Table -2, Table showing the comparison of different adjustment of high, moderate and low self concept groups

Level of self concept	N	Mean	S.D.	t
High	31	62.67	22.31	5.18*
Moderate	60	89.10	23.37	2.93**
Low	29	105.34	26.58	6.75*

*,.01 level, **, .05 level

Further, the sample was divided into high, moderate and low groups on the basis of quartile deviation of raw scores obtained on self concept scale to ascertain whether levels of self concept affect adjustment of women as shown in table 2. It is evident (table 2) that the mean

Role of self concept on adjustment among middle aged women

score 62.67 of women who were having high level of self concept found to be better adjusted as compared with moderate (89.10) and lower (105.34) self concept group. The women who have lower self concept were found to be less adjusted as compared with the other two groups as lower scores on this adjustment scale are the indicator of better adjustment in each of the dimension. To examine the significance of the difference between two groups, t-value was calculated and it was observed that high and moderate group differed significantly in terms of their adjustment as the t-value (5.18) is also statistically significant. The t-value (2.93) women having of moderate and low level of self concept was also found to be significant and similarly the t-value (6.75) between women having high and low level of self concept was also found to be significant. It can be said on the basis of the results that level of self concept affects women's adjustment as all the three groups differed significantly. Thus, it may be said that positive self concept seems to be essential for different types of adjustment as it was observed in some of the researches that persistent low self-concept has been linked to depression, adjustment problems, suicide and alcohol use, etc. (Harter & Monsour,1992; Harter & Marold,1994; Swain & Wayman ,2004). Sharpley and Khan (1980) reported a high positive relationship between marital adjustment and self concept.

The low self concept group was low on adjustment may be attributed to the symptoms that a person develops such as lack of self confidence, feeling of worthlessness, does not believe on his abilities which all the essential qualities for making adjustments in every sphere of life. It seems from the above results that women who have lower level of self concept feel inferior to others which seem to be an obstacle in achieving good adjustment. On the contrary high level of self concept is beneficial for everyone as it increases self confidence, feeling of worthiness, self acceptance, believe in own abilities which all contributed to better adjustment as compared with low and moderate level of self concept.

CONCLUSION:

The present study revealed that present, past, future and self acceptance are the significant dimensions of self concept that predicts adjustment of women. It was also found that level of self concept affects adjustment of women. The women having high level of self concept were found to be better adjusted as compared to women having low self concept. It can be concluded that self concept is an important determinant of adjustment among women.

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Effect of Meditation on Stress Management of IBS Patients

Renu Tomer*, Dr. Mridula Sharma**

ABSTRACT:

Meditation is an intensely personal and spiritual experience. The purpose of meditation technique is to channel awareness in positive direction by concentrating on inner self. A study was carried out to study the effect of meditation on stress management of IBS patients. Stress management scale constructed by Singh and Srivastava was administered to patients consisted of 80 IBS patients of between age group of 20-40 years, 2 groups were taken one –who meditated (experimental group) and one who did not meditate (controlled group). For analysis of data t-test is run. Result showed that patients showed better stress management in the group of patients who meditated in comparison to controlled group who did not meditate.

Keywords: Meditation, Stress Management, IBS

INTRODUCTION

Stress has become part and parcel of human life. It is an emotional intellectual or physical response to an internal or external change, demand or pressure. Stress can come from any situation or thought that makes one feel frustrated, angry, nervous, or anxious (**Angela marrow, 2011**). It is a general term applied to various mental and physiological pressures experienced by people. Physical response to stressful situations can include “butterflies” in the stomach or the sudden urge to have a bowel movement. Stress can also cause diarrhea or constipation. It affects the function of the colon. Stress can play a large role in IBS because the syndrome has been linked to brain gut dysfunction a break down in brain’s ability to control the gastrointestinal function. The colon is governed by autonomic nervous system, the same system the controls heart and lungs, and that system can be affected by emotional state. Stress related IBS is irritable bowel syndrome that has either been caused by or made worse by a person’s stress or anxiety. **Drossman (2011)** found that IBS sufferers tend to have a lower threshold for coping with stressful situations and are more likely to react to negative events that in turn, can have catastrophic effects on the working of the gut. Irritable Bowel Syndromes (IBS) is a functional gastrointestinal (GI) disorder, meaning it is a problem caused by changes in how the GI tract works. People with a functional GI disorder have frequent symptoms, but the GI tract does not become damaged. IBS is not a disease; it is a group of symptoms that occur together. Symptoms of IBS are abdominal pain, Diarrhea constipation.

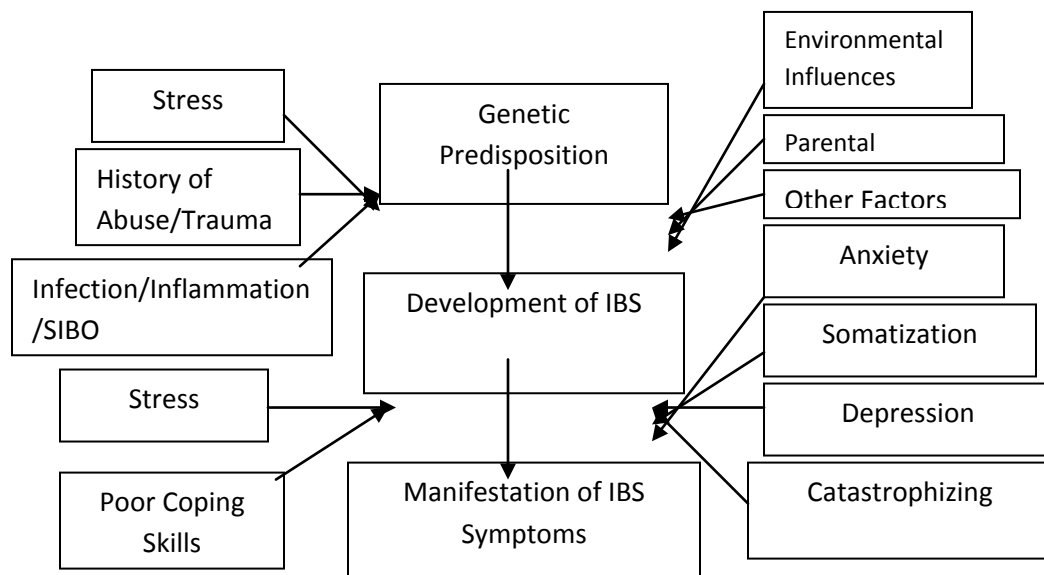
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Effect of Meditation on Stress Management of Ibs Patients

Stress management encompasses techniques intended to equip a person's with effective coping mechanisms for dealing with psychological stress, with stress defined as a person's physiological response to an internal or external stimulus that triggers the fight or flight response. Stress management is effective when a person utilizes strategies to cope with or alter stressful situation. It refers to a wide spectrum of techniques and psychotherapies aimed at controlling a person's levels of stress, especially chronic stress, usually for the purpose of improving everyday functioning. The level of chronic life stress threat predicts the clinical outcomes in most patients with IBS. (J.E. Kellow, 1998). Reducing stress is an important step in getting IBS symptoms under control. Stress, emotional or physical, is a common trigger which worsens the digestive problems of IBS. In people with IBS, the intestines seem to be extra sensitive to stressful situations and feeling. "That overreaction" can trigger or worsen the digestive problems of IBS.

Meditation is known for improving body luster and general health blood flow increase oxygen and Nutrient flow to cells and tissues. It can help to resolve deep neuroses, fears and conflict which play a role in causing distress and ill health. Meditation can be effective form of stress reduction and has the potential to improve quality of life and decrease health care costs. It involves achieving a state of "thoughtless awareness" in which the excessive stress producing activity of the mind is neutralized without reducing alertness and effectiveness. Dealing with irritable bowel syndromes (IBS) is not easy, but the stress (and the symptoms) involved may be lessened with mind fullness meditation. **Chapel Hill (2009)** presented a study showing that women with irritable bowel syndrome were able to reduce their symptoms by 38 percent with mindfulness meditation compared to only a 12 percent reduction for women who took part in a support group. **Diana (2010)** found that meditation has beneficial effect on health. It can relieve mental and physical stress and by extension, help with common stress related illness, including IBS. David (2012) support the concept that irritable bowel syndrome (IBS) is a biopsychosocial disorder that can be explained by a neurobiological model which postulates stress-induced alterations in central stress and arousal circuits and activation of parallel motor outputs from brain regions that can affect bodily function and behavior.



Effect of Meditation on Stress Management of Ibs Patients

Cathy Wong published a study (2001), IBS patient who underwent six weeks of meditation training experienced significant improvement in several IBS symptoms. (Including diarrhea and bloating). The meditation technique involved initiating the relaxation response, and participants were asked to practice twice a day for 15 minutes.

METHOD

PURPOSE: The purpose of the present study was to study the effect of meditation on stress management of IBS patients.

OBJECTIVES: In the present research investigation, we tried to achieve the following objectives.

- To study the effect of meditation on stress management of IBS patients.
- To study the effect of meditation on stress management
- To study the effect of meditation on IBS patients.

HYPOTHESIS: Keeping in mind the objectives of the present study the following hypothesis was proposed for the investigation empirical verification.

- There will be significant effect of meditation on stress management of IBS patients.
- There will be significant effect of meditation on stress management.
- There will be significant effect of meditation on IBS patients.

DESIGN: In the present study experimental design was used to complete the research work.

VARIABLES: I.V. Meditation

D.V. – Stress management IBS Patients

SAMPLE: A sample comprised of 80 IBS patients of age group 20-40 years. 40 patients were mediators (controlled group) & 40 patients were non-mediators (experimental group). Subject was selected through purposive sampling.

TOOLS: For the measurement of stress management scale constructed by Singh and Srivastva.

Procedure: The IBS patients who come to tertiary centre we established good rapport with them. The stress management scale was distributed to IBS patients who are meditators and Non meditators . The Instruction were given to the patients regarding the scale. The patients were requested to clear their doubts, if any. After this, the scale was taken back from all the patients. In the end, thanks were paid to all subjects for providing valuable time.

Effect of Meditation on Stress Management of Ibs Patients

RESULT: Obtained data were analyzed with the help of mean and t-test.

Table-1, Mean Scores of Stress Management for IBS Patients

Group	N	Scores	Mean
Meditators	40	4399	109.7
Non-Meditators	40	3979	99.47

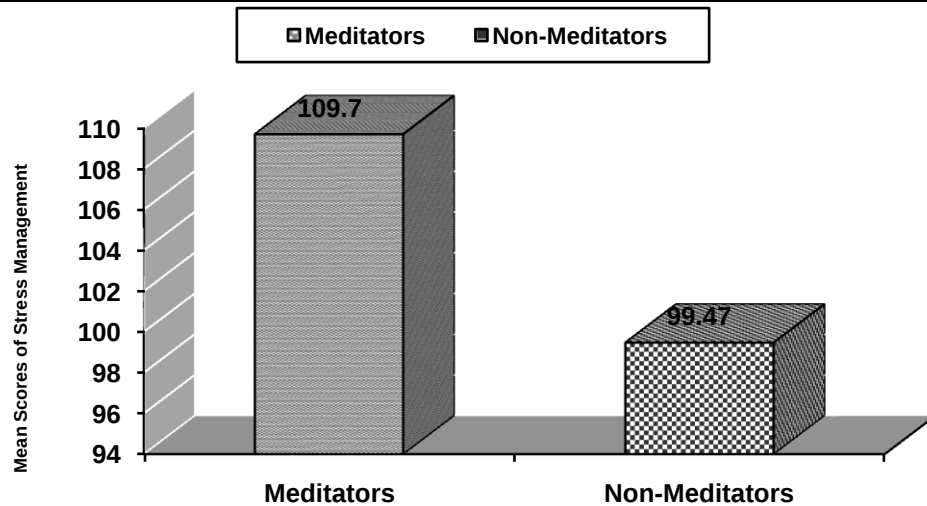


Table 1, indicate that meditators shows highest stress management scores while non meditators shows lowest stress management scores. This quite clearly reveals that the patients with IBS have more stress management who are meditators in compare to non meditators. It signifies that meditators have high stress management.

Table-2, t-value of Stress Management for IBS Patients

SE _D	Critical Value	t-value
1.94	2.64	5.27

Table 2 shows that t-value between meditators and non meditators with IBS are 5.27 which is greater than the table value (2.64) at 0.01 level. It suggests that meditation have significant effect on stress management of IBS patients.

DISCUSSION AND CONCLUSION

The purpose of the present study was to study the effect of meditation on stress management of IBS patients. The significant t-value indicates that meditation significantly effects the stress management in IBS patients. Thus, the hypothesis that there will be significant effect of meditation on stress management of IBS patients.

Renee Green (2011) insist that IBS does not lead to serious disease but does cause extreme discomfort and distress for suffers. Controlling the symptoms is the key to managing IBS, but some people find it disabling. Besides traditional remedies, some suffers have found help in managing the distress by using meditational therapy. **Barbara (2011)** founded that physical and psychological symptoms of IBS were more effectively managed by people practicing mindfulness meditation than in support group therapy. Mindfulness meditation costs nothing but time, offers a wide range of emotional and physical benefits, and does not appear to carry any risk of unwanted side effects. Meditation helps people to change their negative environment conditions. Practicing meditation to help digestion by alleviating anxiety and stress is bringing benefits to people worldwide. Techniques for meditation to help digestion.

To conclude it can be said that mediation has a significant effect on stress management of IBS patients. IBS patients have proneness towards stress. Meditation offers a management solution to IBS sufferers. This study has been conducted on a small sample in order to get better results the researchers suggest that study to conducted on larger sample with more constructive meditation technique.

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Mindfulness and Impulsivity in Diabetes Mellitus

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ABSTRACT:

Background: Diabetes is a highly prevalent disease worldwide, characterized by increased blood sugar levels. Growing evidences revealed the strong association of diabetes and psychological disorders like anxiety, depression, schizophrenia, etc. Mindfulness is the awareness which arises out of intentionally attending in an open and discerning way to whatever is arising in the present moment, is positively associated with healthy condition. Impulsivity is a predisposition toward rapid, unplanned reactions to internal or external stimuli without regard to the negative consequences of these reactions to the impulsive individual or to others which is negatively associated with the individual's health.

Aim: This study was intended to see the association of mindfulness, impulsivity with diabetes.

Method and material: Two hundred subjects (100= diabetic and 100=non diabetic) from local communities were enrolled in this study. All the subjects were administered Mindfulness, attention and awareness scale (MAAS) and Barrat impulsivity scale.

The results: There was a significant low MAAS score and significantly higher Barrat impulsivity scores in the diabetic group than in a non diabetic group.

Conclusion: Diabetic people have more impulsivity and less mindfulness state than non diabetic people.

Keywords: Mindfulness, impulsivity, diabetes, psychosomatic diseases

INTRODUCTION

Diabetes is one of the vastly prevailing diseases worldwide, characterized by chronically persistent elevated blood sugar levels. The prevalence of diabetes is increased from 285 to 381 million in very last three years. This figure is expected to be double by the year 2030. Over 62 million, which is approximately 7.1 % of Indian population, is diabetic.

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Mindfulness and impulsivity in diabetes mellitus

Many scientific investigations reported the strong association and diabetes and psychological disorders like anxiety, eating disorder, depression, emotional distress and psychological stress, which significantly contributes to reduced psychological well-being. The cause of these psychological issues could be because of self monitoring blood sugar, dietary restriction, taking insulin injections and lack of family support .

Psychological stress is believed to be affecting both etiology and the control of diabetes. Diabetes is associated with psychiatric illnesses also and this association is bidirectional.

Mindfulness is the awareness which arises out of intentionally attending in an open and discerning way to whatever is arising in the present moment. Mindfulness is positively correlated with healthy condition, which help the patient to deal with their stress, pain and other chronic conditions. Though mindfulness based intervention proven to be effecting in chronic diseases like rheumatoid arthritis, diabetes, chronic fatigue syndrome, fibromyalgia etc ., though there are no studies showing the relation of mindfulness with chronic diseases keeping this as background this study was aimed to see the association of mindfulness with diabetes which is a chronic disease.

Impulsivity is a predisposition toward rapid, unplanned reactions to internal or external stimuli without regard to the negative consequences of these reactions to the impulsive individual or to others¹⁹. Impulsivity is commonly found in patient with many psychiatric disorders. Impulsivity leads to agitated mind, reduced performance, sleep deprivation, incapability to make the judgment, poor discrimination, which further leads to psychological conditions like anxiety, depression, bipolar, schizophrenia and psychiatric disease etc. it is well know that people with depression and aggressive behavior personalities are more impulsive. . Impulsivity is found as co-morbidity in psychiatric conditions, including personality disorders, substance use, and bipolar disorder.

Considering these facts, this study was aimed to see the association of diabetes with mindfulness and impulsivity.

METHODS AND MATERIAL

Two hundred subjects (100 diabetic and 100 non-diabetics) between the age range of 40 to 60 years with matching age and gender, from Bansal Hospital, Uniglobe Asia Travels, Delhi and non-diabetic subjects from local communities from Delhi were enrolled in this study. Subjects in diabetes group were having minimum 3 years diabetes history. Subjects with known neurological disorders, under psychiatric medication, with history depression & Pregnancy were excluded from the study.

DEMOGRAPHIC DATA

Population	Gender	Age (Mean $\pm$ SD)
Diabetic [N=100]	Male: 58	52.01 $\pm$ 6.51
	Female: 42	52.14 $\pm$ 6.25
Non-diabetic [N=100]	Male: 45	51 $\pm$ 5.89
	Female: 55	50.4 $\pm$ 5.4

ASSESSMENTS

All the subjects were administered Mindfulness, attention and awareness (MAAS) scale and Barrat's impulsivity scale for assessment mindfulness and impulsivity respectively.

Mindfulness, awareness and Attention scale (MAAS). It is a set of 8 questions, describing common mindful or non-mindful behaviors and preferences. 4-point Linker-type scale (Strongly disagree to strongly agree) primarily designed to know mindfulness.

This is a valid tool to measure mindfulness, attention and awareness and has been used in scientific studies

Barratt Impulsiveness Scale : It is having 30 items with four facets and four domains. It measures attention, motor, cognitive impulsivity. Items are Attention domain with first order factors containing 5 items and cognitive instability containing 3 items. Motor domain of first order factor contains 7 items and perseverance factor of 4 items, Non-planning domain containing self control as a first order factor of 6 items and Cognitive Complexity of 5 items.

DATA ANALYSIS

Analysis of the data was done using SPSS version 10. Independent sample t-test was applied to see the between group difference.

RESULTS

Mindfulness: Independent sample the test showed significant decrease in MAAS score in diabetic subjects than in no-diabetic (p- 0.00).

Table2: Independent sample t test shown significant difference in MAAS score in between groups

The table shows Independent Samples Test										
		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	T	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Mindfulness	Equal variances assumed	38.480	.000	-6.270	198	.000	-3.370	.537	-4.430	-2.310
	Equal variances not assumed			-6.270	154.780	.000	-3.370	.537	-4.432	-2.308

Impulsivity: There was significantly higher more in diabetic subjects than in non-diabetic.

Table3: Independent sample t test shown significant difference in Barrat impulsivity score in between groups

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	T	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Impulsivity	Equal variances assumed	0.155	0.695	3.47	198	0.001	3.02	0.8703	1.3038	4.7362
	Equal variances not assumed			3.47	197.7	0.001	3.02	0.8703	1.3038	4.7362

DISCUSSION

This study was aimed to find the relationship of mindfulness and impulsivity with diabetes. End of the study, we could able to see that patients with diabetes have more impulsivity and less mindfulness than non-diabetic people.

Earlier studies reported that increased impulsivity is associated with mental disorders like ADHD , anxiety , depression and other Neuro-degenerative diseases like Parkinson's diseases , Alzheimer's disease, etc. as anxiety and depression are frequently observed psychological conditions in diabetes which may be the reason for the association of impulsivity with diabetes. Though there are no direct studies showing an association of mindfulness with chronic disease,

studies on mindfulness based stress reduction programs have shown a significant positive role of mindfulness based intervention in the management of chronic conditions like cardiac disease, stroke, arthritis, lung diseases etc . This indirectly suggests that poor mindfulness is positively associated with progression of chronic disease. As diabetes is also one of the chronic diseases which may be the reason of decreased mindfulness in diabetes.

Probably this is the first study which shows the significant correlation between impulsivity and mindfulness with diabetes and it study suggests to consider the intervention which improves the mindfulness and reduces the impulsivity in the management of diabetes.

There is need of replication of this study in larger samples and we have shown test the interventions which can reduce the impulsivity and improves the mindfulness have any impact on the primary outcome variation in diabetes and quality of life of diabetic people.

CONCLUSION

Patients suffering with diabetes have less mindfulness and more impulsivity than non-diabetic.

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Research on the Individual Development of Children by Eliminating Stressors

Costica Lupu*

ABSTRACT:

This study presents an empirical research on the identification and observation of the students' manifestations under various circumstances of stress, among which: time pressure, unexpected exam, unknown examiner, overstrain, language.

The research was conducted at the National Pedagogical College "Ștefan cel Mare" from Bacău and consisted in assisting and observing 26 lessons of Mathematics and 26 lessons of Information and Communication Technologies, involving a group of 126 middle-school students and 24 teachers of various specializations.

The tests and questionnaires applied have shown the relevance of becoming aware of the impact of stress, as well as of finding ways to minimize its harmful secondary effects, as many diseases are highly associated with wrong responses, adaptation to stress, external factors, sanctions, failure of the adjustment process, which lead to the onset of illness or unhappiness.

Regarding these problems, we are looking for solutions in the form of best teaching-learning strategies, in order to increase enthusiasm for school activities, decrease the number of school absences, control alcohol, coffee or drugs consumption.

The 20 students in the third year from the Faculty of Mathematics, "Vasile Alecsandri" University of Bacău, have conducted a research during their pedagogical practice included in their initial teacher training. The research has focused on emotional intelligence and implied direct observation of the students' behaviour during an unannounced test at Mathematics, with the subsequent application of a questionnaire.

Keywords: *stress, fright, anxiety, evaluation test, psychological test, mathematics*

INTRODUCTION

This study supports us in understanding the challenges with which students are faced in their school life and the methods which may help them achieve higher performances without too many difficulties. Since new situations are seen as stress agents, they should be staged in a less official frame, in order to accustom the student first. The diversity of novel situations is even more necessary as it may support the student in preparing for professional life. Hence, we believe that a pleasant working atmosphere in initial situations could support the group in adapting to stressful situations and reach higher work efficiency levels.

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This paper describes an experimental research on the effects of stress upon the students' attitude and learning by introducing stress factors in the learning experience. Our research aims at investigating the impact of applying stress factors to the building of learning attitudes and the relevance of using efficient learning strategies by the use of combinations of specific methods, techniques and procedures, in order to contribute significantly to the development of the students' thinking and the improvement of their mathematical results.

In order to research, analyse and describe a wide range of perspectives, the research team, consisting of 20 students from the Faculty of Mathematics, attending their initial teacher training programme, will apply tests and questionnaires at different moments during their teaching practice stage.

1. THEORETICAL BACKGROUND

Definition of stress

The term of stress occurs increasingly often in our present vocabulary, with a double use: one referring to a *stressful situation* (the harmful, aggressive circumstances which assault or threaten the body, the pressure, constraints and deprivation affecting the individual); the other one referring to the *bodily condition of stress* (suffering, wear, stress agents).

If the stress factors are unusual, unexpected, and aggressive and threaten the student's psychic state, then we are dealing with a stressful situation, but an exam, competition or even dental treatment may exert a stressful effect even before the proper action.

In his work, *Treaty applied psychology*, the French psychologist Piéron H. (1881-1964), Professor at the University of Paris, identifies stress with aggression or violent action upon the organism, brutality, the menacing nature of the situation as general particularities of the stressful circumstance.

Golu M., in his work entitled *Neurophysiologic bases of the psyche*, Bucharest, Ed. *Scientific*, 1982, defines stress as a *state of tension, anxiety and discomfort generated by negatively charged emotional factors, frustration or repression of motivation, difficulty or impossibility in solving problems*.

Another brief, simple definition of stress is provided by Selye, H. 1991, History and present status of the stress concept, after A. Monat and R.S. Lazarus (eds), *Stress and Coping*, (3rd ed.) New York: Columbia University Press, 21–35: *any life situation, which demands effort from the mechanism, generates stress*.

If the accent falls on the *condition of the body* and its reactions, we are usually considering *excessive* emotional responses, changes in responsiveness, which are visible in the individual's behaviour, language, the deviation of various psychological or physiological parameters. From

this perspective, stress occurs in any situation in which the good condition of the body or its physical and psychic integrity is threatened, the individual having no ready-made answers to reduce the threat.

The term of *adaptation* has multiple meanings, in Biology, Psychology, Physiology. Physiological adaptation is defined by William Lloyd Prosser (1898–1972), noted American law professor and author of *Prosser on Torts*, as any property of an organism which supports survival in a specific environment, in a particular way, in a stressful environment. For Lazarius, psychic survival means adaptation to demands and social or interpersonal pressure, as well as internal – biological and social – pressure, the need for approval, achievement. Ultimately, the notion of adaptation implies the maintenance of the body's integrity and its dynamic balance in relation to the surrounding environment.

The condition of psychic stress is, in reality, a psycho-physiological stress; we cannot perceive stress as purely physical, just like we cannot perceive it as having purely physiological effects. Whatever the specific objective of an analysis, adaptive mechanisms involve the interrelation, interaction between the two.

We have all experienced moments when we realised that we are suffering from fright in situations we have never been faced with before. The explanation is simple: we are born with genetic equipment, characteristic for our species, meant to protect us. Within this equipment, *anxiety* holds a large share. Since our fellow human beings represent a quite relevant source of dangers, it makes sense that *social anxiety* and, particularly, *performance anxiety* occurs within a defence system.

But, although we are all born with this vulnerability of experiencing anxiety at the moment of the action, few of us know the pathological stage. This vulnerability, combined with many life experiences, makes some individuals *avoid* fright situations.

Fright as a determined reflex: we are all pre-conditioned and we realise this if we notice the majority of our automated gestures, which we perform on a daily basis. We say “hello” when we pick up the receiver, we look to the left and to the right before crossing the street, we sit in the same way when we reach our office in the morning etc. Why? We have assimilated these events and, eventually, their results have turned out quite satisfactory in order to be regarded as profitable. But, why does a situation, which is essentially not dangerous or represents a minor risk, cause such intense reactions?

In most cases, children do not have proper training to face the judgments related to them during studies. Usually, teachers behave like judges. Only seldom do they understand how the psychic system of their audience works. Children reason based on the system “all or nothing”, experiencing feelings of full success or complete failure. Relativization is not their strongest

asset, except when teachers or parents teach them this thing. For example, from an early age, children are asked to recite a poem in front of the whole class, just like in music schools, they are asked to take part in “auditions”, although they do not yet master the instrument too well. There is, therefore, an actual hostile stimulus (the judgment of the audience and, along with it, the feeling of rejection or abandonment) and, consequently, a reaction of anxiety. As a consequence, the simple fact of finding yourself in a public situation triggers the anxiety.

If the person suffering from fright regularly manages to deliver a public speech, he will activate his strengthening systems, will be able to associate the respective situation with a state different from anxiety. He will gain more self-confidence. The more public speeches he will deliver, the more durable and fast will the change generated by his actions (what he does) be, the more aware he will become of his competences, the greater will be his self-confidence.

The phases of stress

From the moment of its occurrence and to its final phase, stress covers three stages:

1. *The alarm phase* is the stage during which notification of the presence of a stressful agent is made. The physiological reactions represent the first response meant to warn the person about the need of being on guard, so that, by evaluating the situation, the individual may face and solve the problem in a satisfactory way, to prevent materialization.
When stress overcomes the individual's power, he becomes aware of its presence and may take measures to solve the problem in a satisfactory way.
2. *The resistance phase* is the stage during which stress extends its presence beyond the initial alarm phase and the stressed person loses more energy, his performance reduces, therefore he suffers and becomes anxious, thinking about the possibility of failure.
3. According to Melgosa's paper, *No stress*, there is also *the phase of exhaustion*, the final stage of stress, characterised by fatigue, anxiety and depression, often occurring separated or together [9].

The forms of anxiety

Most of the risks undertaken by students in school or family bring along various degrees of failure threat, so that they tend to generate a certain degree of *anxiety*. Anxiety also emerges during the transition phases of building personality, during the transition from childhood to adulthood, from primary to middle-school, from middle-school to high-school and less from high-school to university.

Anxiety is caused by an internal, objective threat to self-esteem, possibly arising from the individual's conscience regarding the value of some of his moral ideas, but, sometimes, the threat may come from the exterior. What is relevant about these cases is the fact that the threat is capable of damaging the sense of personal dignity of normal individuals.

Normal anxiety may be classified as follows:

- a) *Anxiety before the change* may occur before an exam or competition. The anxiety before change makes the transition from an inconvenience to a reaction of repulsion, illness, moral threat. Anxiety is characterized by agitation, discouragement, sweating, fantastic dreams during sleep, difficult and cumbersome organization of ideas, the impression that problems are insurmountable, complicated. Anxiety before change triggers a disturbance of sensitiveness when faced with change, reverberating upon the activity.
- b) *Anxiety after the change* may occur in relation to a new job, change of home, a new family situation. Anxious people are afraid of the announced change, do not understand it, refuse and reject it. Any modification of the person's status, which is rather slow, cannot trigger these bouts of anxiety, because habits may follow the direction of change, and if manifested fast enough, such changes may turn into real anchors for future activities. The respective person may face the situation more easily than expected. But, sometimes, anxiety may reoccur after an action, because, for example, following an exam, the person may wonder whether he had committed some mistake or, following a conversation, the person may wonder whether he could have upset the interlocutor.
- c) *School anxiety* is characteristic of school activity and occurs as a result of a series of failures that are neither the consequence of the student's poor intelligence nor his lack of interest. School anxiety is often related to maladjustment to school requirements, because school implies a continuous transition from what has been learned to new knowledge and applications. These serial changes lack security, because an unknown problem, an unpredicted question, the teacher's sudden interpellation by the teacher, a new teacher, going to the blackboard are, for some persons, elements of anxiety and stress.

School is not the only one responsible for school anxiety. Although it is experienced at school, school anxiety occurs also due to the parents' demands. School anxiety may be triggered by the following factors: the person's anxious tendency, the family's anxiety, the teachers' anxiety.

The effects of stress

The effects of stress may be displayed in the following areas:

- a) *The cognitive area*, manifested through: - the difficulty to stay focused over a longer time span, for a more complex activity; - the frequent loss of attention; - poorer memorization ability; - a problem requiring immediate and spontaneous reaction will be solved with difficulty, over a longer time span; - any problem requiring logical thinking will be solved with multiple errors; - the mind is incapable of deep analysis and accurate evaluation; - disorganized thought.
- b) *The emotional area*, manifested through: - difficulty in staying physically and emotionally relaxed; - increased impatience, intolerance and authoritarianism and lack of consideration for others; - moral or ethical principles become looser and self-control diminishes; - discouragement increases and the desire for life decreases; - there occur feelings of incapacity and inferiority.
- c) *The behavioural area* is related to aspects such as: - inability to express oneself verbally by means of sentences and phrases, decreasing the speech flow; - loss of enthusiasm for one's

Research on the individual development of children by eliminating stressors

favourite activities, hobbies or recreational entertainment; - absence from work or school; - increased use of alcohol, tobacco, coffee and drugs; - decreased level of energy; - poor sleep, increased levels of insomnia; - enhanced tendency to suspect everyone and everything; - the tendency to blame others for one's own mistakes; - the occurrence of strange tics and reactions, which are not characteristic of the person; - suicidal thoughts.

Among the stress factors we may also mention: overload, down weight and time.

Overload through excess of stimuli generates psychic stress when the action of the stress factors is overwhelming, in terms of number, duration and intensity, natural condition. The abruptness and unpredictability of the stimuli cause acute stress (a fire, the loss of a dear person). However, chronic stress intervenes most often when the tension does not reach unbearable intensities but extends for longer periods of *time*. This category includes the environmental factors (high temperature at work, noise etc.)

Down weight stress is generated by the change in certain work related factors. Prolonged training under circumstances of isolation is a condition which restricts more or less not only the diversity of physical environment but also the possibility of choosing new physical and social stimuli.

The factor of *time* plays a leading role, because there are people who can handle *serious stress over a relatively short period of time*, but cannot adapt to a *lower intensity but prolonged stressful* situation. In the latter case, there occurs latent psychic stress, which becomes manifest in less serious situations, as a result of temporal summation. Research has shown that from the cessation of the conflicting situation until the manifestation of the first signs of neuropsychiatric disorder there is an amount of time during which behaviour is apparently normal. The issue deserves a special study because there are data showing that fear or anxiety *keeps growing even after the elimination of the stressful situation*. Sometimes, there is a decrease in performance 6-7 hours after the cessation of the action of stress agents, indicating a real incubation of fear.

Even in the case of time pressure, it is not the approach of the deadline but the threat of failure, the eventual punishment for not complying with the deadline, which is the real stress factor. The threat also depends upon the importance of the task. We may follow a dynamics of the nervous tension according to the discrepancy between the point where one finds himself solving a problem and the point where one should be in solving the problem at a given moment.

1. THE RESEARCH METHODOLOGY

The objectives of the applicative research

Identification and observation of students under various circumstances of stress, among which: time pressure, unexpected exam, unknown examiner, overload.

Interpretation of language and bodily posture, as well as of the results to the test and questionnaire.

THE HYPOTHESES OF THE APPLICATIVE RESEARCH

Acknowledged decrease in work performance under stressful circumstances is shared by both adults and children. In our case, the student is exposed to several stress factors, due to his being faced with more unknown stimuli than adults. Time, overload, competition are met with on a daily basis in education. That is why, it is necessary to prepare students for stressful situations by means of interactive, relaxation or imagination exercises. In this way, students are given the possibility to know themselves and the others sharing the work environment.

Characterization of the experimental group

The research group comprised 4 8th-grade classes (2 experimental, 2 control), where 20 students in the third year from the Faculty of Mathematics, the programme of initial teacher training, have conducted, during their teaching practice hours, assistance, probation and final lessons. There was also achieved a process of individualizing the instructive-educational act, given the fact that true pedagogical art results from the student's ability to harmoniously combine active-formative strategies, the children's individual development with the elimination of the stress factors.

THE RESEARCH STAGES

The experimental research was conducted during the 2013-2014 school year and covered three stages:

- The stage of *initial evaluation* was conducted between October 20-27, 2013. During this stage, there were applied tests which aimed to identify the initial level of development of the ability to solve parallelism problems in the context of the presence of stress factors.
- The *ameliorative* stage was conducted between November 11 2013 –April 30 2014. During this stage, there were organized and conducted lessons of Mathematics, frontally as well as individually and in small groups. It aimed at identifying the cognitive, psycho-motor and socio-emotional elements, and focused on the development of the ability to solve parallelism problems by progressively diminishing the stress factors.
- The stage of *final evaluation* was conducted between May 15 – June 11, 2014. During this stage, there were designed, adapted and applied tests in order to establish the progress of children at the level of their ability to solve problems of parallelism in space with the full elimination of stress factors.

RESEARCH METHODS AND TECHNIQUES

To verify the hypothesis and achieve the research objectives, the students have applied the following research methods and techniques: the questionnaire, observation, the psycho-pedagogical experiment with the method of the test, conversation, the method of the analysis of the activity products and research of documents, the method of the test, as well as the techniques of presentation and mathematical-statistical processing of the research data.

The research methods were used in order to evaluate the mathematical level of training and responses of 80 middle-school students from “Octavian Voicu” Middle-School of Bacău, during

the 2013-2014 school year, regarding the use of the new technologies and recording the attitudes and competences of the 20 university students in relation to the teaching-learning-evaluation of parallelism in space.

THE APPLICATIVE RESEARCH METHODOLOGY AND THE ANALYSIS OF THE OBTAINED RESULTS

Because the subjects of the investigation are 80 students in the 8th grade, the method selected for researching emotional intelligence is direct behaviour observation during an unannounced Math test and the method of the questionnaire.

Observation implies knowledge and examination of the students' behaviour, in order to obtain the necessary data about the different levels of stress of students and their responses during an unannounced exam. Each student has displayed either immediate reactions (manifesting a sudden increase of the level of stress), or a progressive increase throughout the duration of the exam.

Given the fact that the *evaluation test* for Mathematics on parallelism in space was from the beginning a difficult task, meant to highlight the students' reactions and establish a percentage of efficiency under circumstances of utmost stress, we do not expect accurate and complete solutions to the test.

We shall further present the initial evaluation test on parallelism in space for the 8th grade, applied after having created stressful circumstances:

1) Establish the value of truth (True/ False) of the following sentences: a, b are lines, α and β are planes): (2p)

a) $a \parallel \alpha, a \subset \beta, \beta \cap \alpha = b \Rightarrow a \parallel b$

b) $a \parallel \alpha, b \subset \beta \Rightarrow a \parallel b$

c) $a \parallel \alpha, \alpha \parallel \beta \Rightarrow a \parallel \beta$

d) $a \parallel b, a \cap \alpha = \{P\} \Rightarrow b \nparallel \alpha$

2) Two planes parallel with a third plane (distinct from the first two) are (choose the correct answer or answers): a) parallel all three of them; b) perpendicular among them; c) secant.

(1 p)

3) Establish, by arrows, the correspondence between statements and answers:

(4 p)

Research on the individual development of children by eliminating stressors

Statements	Answers
Two parallel planes determine on two parallel lines they intersect	the two planes are parallel
If two parallel planes are cut by a third plane, then	respectively proportional segments
If a plane contains two concurrent lines parallel with another plane, then	congruent segments

4) Fill in with the missing words:
(2 p)

a) Given a line a parallel with plane α , and α a plane containing line a . Then $\alpha \parallel \beta$ or β by a line with a .

b) Given a line a included in or parallel to a plane α and a line b parallel with a , drawn through a point A of plane α . Then line b is

Note: 1 point from the office. Time: 30 minutes

We present the final evaluation test on space parallelism for the 8th grade, without the application of stress circumstances:

We have proposed the following evaluation test for the final test:

Consider the cube $[ABCD A'B'C'D']$ and points, M the middle of edge $[BC]$, P the middle of edge $[AA']$, O the centre of side $[A'B'C'D']$. (Fig. 1)

1. Establish the truth value (True/ False) of the following sentences:
(2p)

a) $AB \parallel D'C'$ b) $ABB'A' \parallel CDC'D'$,

c) $AB \parallel CDC'D'$ d) $AB \parallel EF$,

2. Planes $ABCD$ and $ABB'A'$ are (choose the correct answer/ answers): a) parallel to one another;

b) perpendicular to one another ; c) secant.
(1 p)

2. Identify the shape of the section polygon determined in the cube by plane (MPO).
(2 p)

3. Determine the area and perimeter of this section.
(4 p)

Note: 1 point from the office. Time: 30 minutes

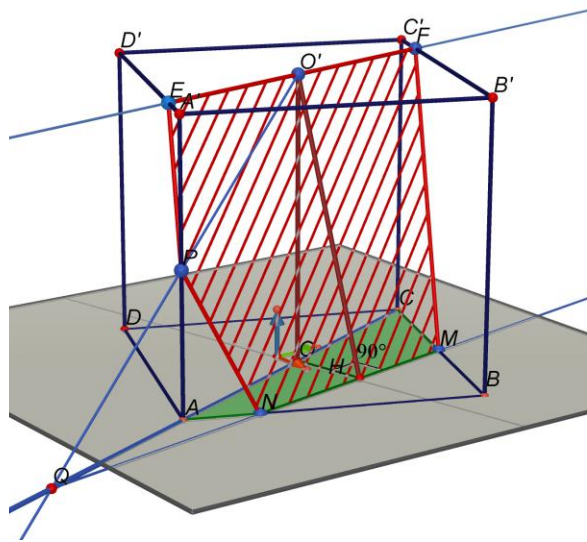
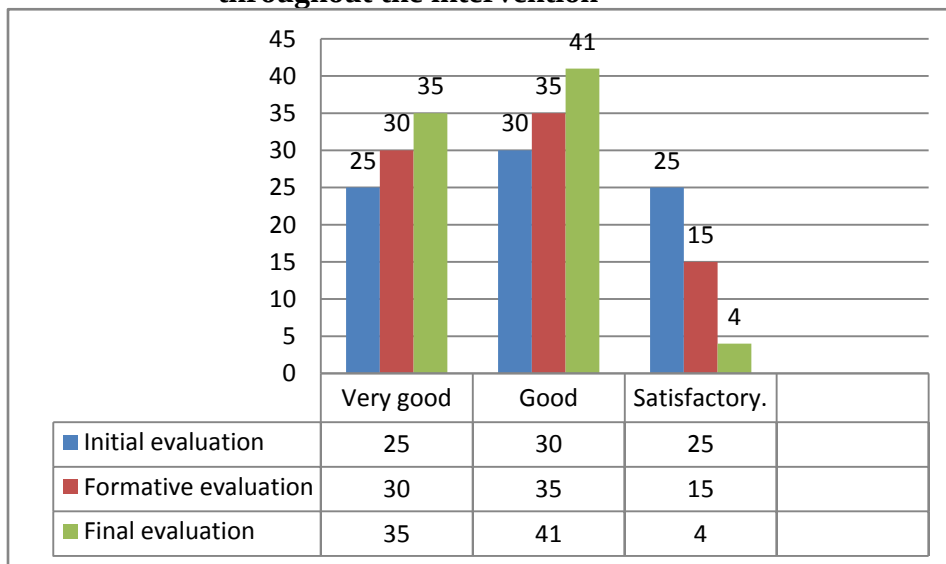


Figure 1. The section determined by plane (MPO).

Comparing the results to the tests applied in the initial, formative and final evaluation, we have found that the children's performances have grown along with the removal of the stress factors.

Below is the comparative presentation of the evolution of the results obtained in the Mathematics tests, shown in order to highlight the relevance of eliminating stress factors.

Comparative graphical representation of the evolution of the school results obtained throughout the intervention



Comparing the results obtained for the 3 evaluations at Mathematics (initial, formative and final), we have found the following: in the initial evaluation, 25 students (31,2%) have obtained the mark very good, 30 students (37,6%) the mark good and 25 (31,2%) the mark of satisfactory; in the formative evaluation, 30 students (37,5%) have obtained the mark very good, 35 students (43,7%) the mark good and 15 students (18,7%) the mark satisfactory; in the final evaluation, there prevails the mark of very good with 35 students (43,7%), the mark of good increases, 41 students (51,3%) whereas there has been a drastic decrease of the mark satisfactory, with only 4 students (5,0%).

The results obtained in the initial test have constituted the basis for designing, organizing and conducting the activity throughout the lessons conducted during the teaching practice, thus efficiently ensuring feed-back, which led to school progress.

By their results to the final test, solved under circumstances of absence of stress factors, the students have demonstrated that in a pleasant atmosphere, their ability to operate logically using proper informational language has increased. By applying measures to improve the results by gradually eliminating the stress factors, and the adaptation of the learning activities to the individual characteristics and unique development rhythm of each child, higher levels of efficiency were reached and the established objectives achieved.

Instead, the **psychological test** was aimed at observing the same students in a completely stress-free situation. The work task was completed surprisingly fast and reactions showed more openness towards a continuation of work in relation to the first task.

The method of the psychological test supported the identification of uncompleted tasks or solutions that were wrong to various degrees, according to the adaptation of each child to stress. In four cases, the lack of motivation led to the lowest level of solving the questionnaire.

Psychological test. How do you respond to stress?

1. You have been feeling exhausted for a long time? 1 – Yes; 2 – No
2. Have you had moments in which you felt overwhelmed by the situation? 1 – Yes; 2 – No.
3. What is, generally, your psychic state like? 1 – Excellent; 2 – Good; 3 – Bad;
4. Do you often feel “hot and cold waves”? 1 – Yes; 2 – No.
5. Have you suffered from speeded heartbeat? 1 – Often; 2 – Sometimes; 3 – Never.
6. How is your appetite? 1 – Weak; 2 – Normal; 3 – Strong; 4 – Too strong.
7. You are so tired that you cannot even sit on the chair. 1 – Yes ; 2 – No.
8. Are you the type of person who worries about anything? 1 – Yes; 2 – No.
9. Have you had breathing difficulties? 1 – Often; 2 – Sometimes; 3 – Never.
10. Have you had crises of nervousness? 1 – Often ; 2 – Sometimes ; 3 – Never.
11. Have you suffered from faintness? 1 – Never; 2 – Very seldom; 3 – Seldom.
12. Do you have difficulties in falling asleep? 1 – Often; 2 – Sometimes; 3 – Never.

Research on the individual development of children by eliminating stressors

13. Have you been bothered by gastric acidity (for several days in a row)? 1 – Yes; 2 – No.
14. Do you have good memory? 1 – Yes ; 2 – No.
15. Did it happen to you to suffer from *cold sweat*? 1 – Often; 2 – Sometimes; 3 – Never.
16. Do your hands shake visibly ? 1 – Often; 2 – Sometimes; 3 – Never.
17. Do you hear noises in your head all the time? 1 – Yes; 2 – No.
18. Do you suffer from personal fears which cause mental breakdown? 1 – Yes; 2 – No.
19. Do you feel isolated even among friends? 1 – Yes ; 2 – No.
20. Nothing happens as you wanted. 1 – Yes; 2 – No.

By applying the method of the **case study**, it was assumed that stress may be due to the fact that the reward does not certify the effort. But, research has not confirmed this point of view, because even a great reward after a successfully completed task does not necessarily remove the stress. No direct connection has been established between psychic stress and the reward itself, although the threat of losing the reward applies a stressful impact. In turn, the very consequences of work – success or failure – play a more relevant role compared to the external reward. They occur as stress factors, which are stronger than the volume of work or its difficulty. The same intellectual task is regarded as recreational if it is found in a crossword magazine, but becomes stressful when included in psychological tests for determining the intellectual level or for admittance competitions. Emotional motivation and tension is different in the two situations.

Calculating the score and interpreting the results was achieved according to the following rules: 1 point for selecting answer 3 from item 3, answer 3 from item 11 and answer 2 from item 14. For each of the other items, 1 point was scored for the selection of the first answer (answer 1). The results were categorized as follows : between 0 and 3 points, normal response to stress; between 4 and 6 points, response to stress on the borderline of normality; more than 7 points, serious discrepancy between requirements and personal abilities.

The percentage analysis of the questionnaire results has indicated that: 37,7% of the students respond normally to stress; 44,2% are on the limit of normality in relation to stress factors; only 18,1% of the students display serious discrepancy between requirements and personal abilities.

CONCLUSIONS

Stress is associated with every situation implying effort. The greater the effort and the more numerous the stress factors, the lower the performance. The human psychic and physical reactions may be of help, but these may also decrease work volume and quality. In order to support children in a sustainable way, we recommend taking into consideration the student's personality and the external factors which may induce panic. Previous psychological training is necessary in order to reach maximum levels of work, under bearable stress conditions.

It is not enough to know what to communicate or to know your students well. A good teacher is characterized by sympathies, the ability to seize and understand the students' needs and problems, empathize with them, adapting his teaching and emotional behavior to their needs.

Research on the individual development of children by eliminating stressors

In order to build an authentic sympathy relationship between himself and the students, the teacher needs certain qualities: interest in children and the desire to help them prepare for life, passion and dedication, soul balance, honesty, professional competence and a modern pedagogical approach.

It is interesting that many subjects solve problems much faster and more correctly if they are allowed to work at their own pace than if time pressure is applied. The explanation lies, among other things, in the stress generated by exaggerated emotional response, which disturbs efficiency.

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Perception of adult men and women regarding rape in Delhi, India

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ABSTRACT:

This study aimed at assessing the perception of adults towards rape. This descriptive study included 50 adults residing in Delhi, India, selected using convenient sampling technique. A structured interview schedule was used for data collection. Results revealed that people still do not have positive perceptions for rape victims. While majority of the respondents were females, yet many of them responded that a woman was responsible for rape in various situations. This study concluded that the issue of gender sensitization needs to be taken seriously by educationists, sociologists, politicians and common people alike.

Keywords: Rape, Perception, Responsibility, Psychological reactions

INTRODUCTION

Indian society is predominantly a patriarchal society. Deep-rooted attitudes that view women as having a lower status than men have meant that Indian girls and women face a barrage of threats ranging from human trafficking and sexual violence to child marriage and acid attacks, says Bhalla in her article, 'Reports of rape, dowry deaths, molestation rise in India in 2012'. According to Thomson Reuter's foundation, reports of crime against women such as rape, dowry, death, molestations and sexual harassment in India rose by 6.4% in 2012 from the previous year. The government said that the highest number of rapes was recorded in the capital city of Delhi. It is estimated that in India every 20 minutes 1 woman is raped.

Statistics showed that 244,270 crimes against women were reported to the police in 2012 compared with 228,650 in 2011, according to the National Crimes Records Bureau (NCRB) of India. According to reports in the media, a large number of rape cases in India go unreported. The NCRB India said the number of rapes in India rose by almost 3 percent to 24,923, with capital city of India, Delhi, reporting 06 rapes in 2012 - making it the city with the highest number of rapes in India.

Police attributes this rise in the crime against women to more women breaking their silence in the largely patriarchal, conservative India and coming forward to report the abuses they face. The crimes have not increased but more people are reporting.

Perception of adult men and women regarding rape in Delhi, India

Research suggests that many female rape victims choose not to report the incident for fear of being held responsible. Anderson maintains that 'victim blaming in cases of rape is so widely and uncritically practiced in western cultures that they could be accurately characterized as rape supportive or tolerant of rape. According to Burt myths surrounding rape are prevalent within society and contribute to female rape victims being blamed for the incident.

The National Crime Records Bureau's annual report of crime statistics also reports disturbing findings: A woman is raped somewhere in India every 20 minutes, and the number of children raped has increased by 336% in the past 10 years. As per the records, at least 12,857 women were raped in the Assam state in northeast of India between 2005 and May 2013. In the year 2012, there were 24,923 cases of rape in India, according to the government's official statistics. That is about two per 100,000 Indians.

When a woman is raped, instead of blaming the rapist, it is victim who is blamed and there is victimization of the victim by everyone: the family, society, police and even the victim holds herself responsible for the rape inflicted on her. The victim is also blamed by the society and even the female members of the society. This culture of exemption from punishment is certainly one of the reasons rape has too often become the weapon of choice for frustrated young men who blame women, increasingly visible in the workplace, for their unemployment, and who hope to regain jobs by frightening women back home through sexual violence. The desire to blame women is fed by a cult of masculinity promoted by corporate and political leaders who serve as role models for the rest of society.

In the wake of the gang rape, which took place in the metropolitan city of Delhi, India, in December 2012, there was a lot of public outrage, widespread protests, discussions and debates, which brought to light the perceptions and reactions of the masses towards the victim, the rapist, the safety of women, the status of women in society, and laws related to rape and sexual offences. The most important change that has been made is the change in definition of rape under IPC. Although the Ordinance sought to change the word *rape* to sexual assault, in the Act the word 'rape' has been retained in Section 375, and was extended to include acts in addition to vaginal penetration. The bill expands the definition of rape to include not just penovaginal intercourse but the insertion of an object or any other body part into a woman's vagina, urethra or anus, and oral sex. But the remarkable fact here is that this point was added in the definition of rape according to Indian Penal Code in 'The criminal law (amendment) act' in the year 2013. This Act was deemed to have come into force on the 3rd day of February 2013 only after the mass protests were held for the rape case that took place in the capital, New Delhi, in the month of December 2012.

In Indian society, people try to normalize, excuse, tolerate, or even condone rape. We have an environment in which rape is prevalent and in which sexual violence against women is normalized and excused in the media and popular culture. Rape culture is perpetuated through the use of misogynistic language, the objectification of women's bodies, and the glamorization of sexual

violence, thereby creating a society that disregards women's rights and safety. "When rape victims are blamed for the crime committed against them, the message is the same i.e., the perpetrator was driven to assault by a skirt, or a date, or the oh-so-sexy invitation of being passed out drunk."

Reporting a rape puts the victim to scrutiny, both by the society and media. With the underreporting of rape cases, the rapists become repeat offenders and others get a message that they will not be penalized for committing rapes and sexual offences. Women who are victims of rape have to face many psychological consequences of rape, such as, low self esteem, guilt, post traumatic stress disorder, phobia and fear of men, depression (and sometimes even suicide), anxiety, nightmares etc., besides the physical and socio cultural consequences. These can be reduced if the society shows an attitude of acceptance, and non-judgment towards the rape victim. Therefore, it is very clear that there is a strong need to change the mindset or perspective of the society towards rape and rape victims. We need to see what the urban men and women think of the issues related to the rape, the rapist as well as the victim. With this information in the background, a cross-sectional survey was undertaken to assess the perception of adult men and women towards rape in Delhi, India. The objectives of the study were to assess the perception of young men and women towards rape in terms of responsibility for rape, reasons for rape, and for not reporting rape to police, and life after rape.

METHODS

The research approach adopted was quantitative, cross-sectional survey. The convenient sample consisted of 50 adults, both males and females, living in capital city of India, Delhi. The group consisted of students, office workers and homemakers who were friends, neighbors and acquaintances of the researcher. The adults were included in the study if they spoke and understood either Hindi (a language widely spoken across India) or English and were willing to participate in the study. Interviews were conducted with the help of a structured interview schedule. The structured interview schedule was developed by the researcher by review of related literature, consultation with experts in the field of Social Science, Psychiatric Nursing and with the help of books and journals. The content validity of the tool was established by giving to experts from the fields of Psychiatry, Social Science, Psychiatric nursing and Law. Participants had to answer the questions according to their perception regarding rape. In the study, perception meant the way in which something is regarded, understood or interpreted. Written consent to participate in the study was taken from each subject and all participants were assured of the confidentiality of the responses given by them and their anonymity. The subjects were approached for data collection at their homes during evenings or weekends, when they were free and as per their convenience.

Participants were interviewed by telephone or in person whichever was more convenient for them. The interview time averaged 25 minutes. Closed ended questions were devised to direct the participants to areas to explore their perception regarding rape. The areas included were:

Perception of adult men and women regarding rape in Delhi, India

awareness about what accounts to rape, responsibility of rape, reasons for rape, reasons for not reporting rape to police, psychological reactions to rape and life of women after rape. Each area had different number of items as needed. Few questions like number of women raped in an hour, percentage of female rapes in which perpetrator is a stranger, etc. were also asked. These questions helped to check the knowledge of the participants regarding current rape statistics. For the questions related to statistics regarding rape, multiple options were given to choose from, and for questions in the area of 'responsibility for rape' three point rating scale were used in terms of 'total responsibility', 'partial responsibility' and 'no responsibility'. The rest of the questions were answered in terms of 'Agree/Disagree', 'Yes/No', 'True/False'. Participants were encouraged to answer all the questions according to their perception and not according to their knowledge based on books. The structured interview schedule was analyzed using descriptive statistics. Ms-Excel was used for analysis. The frequency and percentage were calculated for each item included in the structured interview schedule. The statistically analyzed data was tabulated.

RESULTS

Approximately three fourth of the participants of the study were females i.e. 37 (74%) and 13(26%) were males. They were residents of various areas of capital city Delhi, India. The interview schedule consisted of 16 major areas regarding rape along with questions under each major area. In the first area, the participants were asked how many women they thought experienced rape in an hour. 20(40%) answered 5 women were raped in an hour which is higher than current government rape statistics which says approximately 4 women are raped every hour in India (NCRB, 2012).

Awareness about what amounts to rape

The participants were asked what they thought could be called as rape. 41(82%) perceived that if the partner or husband forcefully indulged in sexual act, it could be equated to rape. 44(88%) of the participants thought that in order for rape to take place it was not necessary for the victim to be a virgin. 39(78%) subjects perceived that it was false to say that it is rape only if the perpetrator uses violence. 35(70%) participants perceived that oral penetration could also amount to rape. 22(44%) participants perceived that the law required the victim to have physically resisted in order for rape to occur, which is quite interesting, in the light of the fact that the women at times 'give in' to the rape because they are beaten and threatened by the rapist that they would be killed if they resisted.

Responsibility for rape on women

The third area of the interview schedule was regarding the responsibility for rape on women. The findings are to be seen in the light of the fact that the majority of the study participants were

Perception of adult men and women regarding rape in Delhi, India

females. 33 (66%), i.e., more than half of the participants perceived that if the woman was intoxicated, she was responsible for rape. 39 (78%), i.e., more than three fourth participants thought that if a woman had started a sexual or seductive act on the man, she was responsible for rape. 28(56%) participants thought that a woman was responsible for rape if she behaved in a flirtatious manner. 36(72%) said that a woman was not responsible for rape if she had had numerous sexual partners. 39(78%) said that if the woman was out late at night she was not responsible for rape. 26(52%), i.e., more than half of the participants thought that if the woman was wearing revealing clothes she was responsible for being raped.

The participants were asked if they thought that in some circumstances women who were raped deserved to get raped. 48 (96%) of the participants said a categorical 'No'. This figure is in contrast with previously asked questions related to responsibility for rape where many a respondent (>50%) had said that a women who was intoxicated, behaved in a flirtatious manner and wore revealing clothes invites rape for herself. 2(4%) said 'Yes' to the question on whether women who were raped deserved to be raped. The two participants who said 'Yes' were females. When the respondents were asked in what percentage of female rape they thought the perpetrator was a stranger, 16(32%) said that it was so in 50% of female rapes.

Reasons for rape

37(74%) participants perceived that once a man was sexually aroused, he could not prevent his actions, was one of the reasons for rape to occur. 21(42%) participants thought that the men who raped women were mentally ill. 16(32%) participants agreed that flirtatious behavior and inappropriate dress of women were reasons for rape. 22(44%) of the participants perceived that men raped women to gain power and control. 43(86%) participants disagreed that men raped women because women fail to clearly say 'No'. 47(94%) participants disagreed that most women secretly wanted to be raped and men were aware of this. 29(58%) participants thought that men raped women because they enjoyed inflicting fear and pain on women. When the participants were asked whether they thought that if women were more careful not to 'lead men on' there would be fewer instances of rape, 24(48%), i.e., almost half said 'Yes'. In the next question, the participants were asked if they thought that in rape cases the court should take into account factors such as how the women was dressed and the manner in which she was behaving. 24(48%), i.e., almost half of the participants said 'Yes'. When the participants were asked about what they thought on how many women reported rape to the police, more than three fourth, that is, 39(78%) said only some of them reported rape to the police.

Reasons for not reporting rape to police

In the next question, the participants were asked the reason for not reporting rape to police. Majority of the participants (ranging between 58% to 96%) thought that women did not report

Perception of adult men and women regarding rape in Delhi, India

rape to police because of many reasons such as, they think that they will not be believed, rather they will be blamed for it, they were ashamed of themselves, they blamed themselves for rape and because they feared that it will bring on a bad name to their families. 44(88%) participants perceived that fear of the perpetrator was one of the reasons why women did not report rape to police. This data showed the mistrust which women have on the law and order of India, as the government says it ensures safety for every woman. 22(44%) participants perceived that women did not report rape to police because they did not consider themselves to have been raped. 45(90%) participants said some of the rape cases reported to police were false allegations.

Psychological reactions

Majority of the participants (72% to 100%) perceived that women experienced low self-esteem, depression, fear of men, loss of confidence, chronic headaches and menstrual irregularities as a result of rape. When the participants were asked if they thought women exaggerated how much rape affects them, 22(44%), i.e., almost half of the participants said 'Yes'. 44(88%) subjects perceived that rape was not less distressing for women when the perpetrator was someone they knew.

Life after rape

When the participants were asked as to how according to them the women should lead her life after she was raped, all the participants (100%) disagreed that she should marry the perpetrator, live her life with a stigma, should not get married to anyone, should end her life and should think that there is nothing left in her life. 48(96%) participants perceived that women who were victims of rape should bounce back to her earlier life.

DISCUSSION

The results of the study revealed that people still do not have positive perceptions of rape and rape victims. While majority of the respondents were females, yet many of them perceived that a woman was responsible for rape if she was intoxicated, wore revealing clothes, was out late at night, behaved in a flirtatious manner or started a sexual or seductive act on man. Two of the women even reported that there were certain circumstances in which women who are raped deserved to be raped. The study findings cannot be generalized because of the smaller sample size.

This clearly shows that although there were countrywide protests and debates in the wake of the incidents of rapes and subsequently changes in Indian laws and legislations pertaining to rape happened, yet change in the mindset of the people is yet to take place. The stereotypes related to rape and women inviting rape on them, 'leading men on' are not yet broken. The issue of gender sensitization in a patriarchal society still needs to be taken seriously by educationists, sociologists,

politicians and common people alike. Respondents in the study believed that women did not report rape to police because of various reasons such as they feared that they will not be believed, others will blame them, they were ashamed of themselves, they blamed themselves for rape, they feared that it will bring a bad name to their families or because they were fearful of the perpetrator.

This also speaks a lot about the perceptions and beliefs of people that rapes are not reported and not to be reported either, as there are hindrances in acceptance of rape victims in our society. This also shows that the statistics and data related to rape are not actual data. Complete reporting of rapes and crimes against women can happen only when women have the assurance and knowledge that they would not be judged and victimized for being the victims and that the guilty would be brought to book. When the respondents were asked in what percentage of female rape they thought the perpetrator was a stranger, 16(32%) said that it was so in 50% of female rapes..This answer was not corresponding with the rape statistics of India (NCRB, 2009), which says that in more than 90% of the females rapes, the perpetrator was not a stranger. So, this data points out that the female members of Indian society need to be more cautious of the people they know rather than the strangers.

Respondents in this study also reported that women experienced low self esteem, depression, fear of men, loss of confidence, chronic headaches, anxiety and menstrual irregularities as consequences of rape, although they thought that victims of rape should bounce back to life even with the far reaching psychological and other consequences of rape. Thankfully, this shows that people do not have a stereotypical thinking that rape means ‘end of life’ for a woman and that she would be better off ‘dead’ than alive after she has been raped. This gives a hope that people have started to think positively for life after rape for rape victims.

Implications for Nursing Practice

The study has implications for nursing practice as well. Nurses receive the rape victims when they are brought to the hospital by police, family members or other social agencies. Nurses are the part of a larger society and their perceptions about rape and rape victims are bound to be colored by the perceptions generally prevailing in society and culture. Hence, how they interact with, and care for rape victims is also bound to be similarly affected. In India, there is a need for sensitization of the people towards gender specific crimes, such as molestations, sexual assaults and rapes, with special emphasis on not victimizing the victim. Nurses while interacting with rape victims in emergency department of the hospital or ward, need to show an attitude of acceptance, empathy and respectful and dignified approach towards the rape victims without being judgmental, biased and misogynistic. For this, we need to gauge the perception of common people in society and bring changes in their mindsets so that the society and health care system is sensitive towards the needs of the rape victims. Community health nurses can be the change

agent in bringing about this change in attitudes and perceptions of the communities at large by reaching out to people through mass education.

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Culture and Intelligence

Shabnam*

ABSTRACT:

This paper discusses the relationship between culture and intelligence. This paper mainly describes that intelligence cannot fully or even meaningfully be understood outside its cultural context. Behavior that is considered intelligent in one culture may be considered unintelligent in another culture, and so on. Moreover, people in different cultures have different implicit theories of intelligence, so may not even mean the same thing by the word. The relationships between different aspects of intelligence can vary across cultures, with correlations that are positive in one setting proving to be negative in another. The paper opens with a general discussion of issues regarding the relationship between the two concepts. It then describes the theory of successful intelligence, which also supports interface between culture and intelligence.

Keywords: *Intelligence, Culture, Theory of Successful Intelligence; Analytical Intelligence, Practical Intelligence™*

INTRODUCTION

The field of intelligence is not new it is relatively old. In particular, its practitioners have often assumed that what applies to one culture applies to another. It is important that the much newer field of positive psychology does not repeat these mistakes: that in attempting to understand well-being, it understands intelligence in its multicultural context. Moreover, it is important that the field of positive psychology understands how intelligence, broadly defined, is mostly an attempt to use one's cognitive skills to achieve a state of well-being within one's cultural context. Intelligence is always displayed in a cultural context.

There is the obvious question: What is culture? The term is used here as it was by Berry, Poortinga, Segall, and Dasen (1992). They described six uses of the term: descriptively to characterize a culture, historically to describe the traditions of a group, normatively to express rules and norms of a group, psychologically to emphasize how a group learns and solves problems, structurally to emphasize the organizational elements of a culture, and genetically to describe cultural origins.

The issue of the relationships among culture and intelligence are by no means new. They have been dealt with by Heath (1983); Lave (1988); Luria (1976); Mayer, Tajika, and Stanley (1991); Saxe (1990); and many others who have taken a point of view related to that presented here. Work, discussed here, has enriched the understanding of these relations. Moreover, although

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of us believe that culture and intelligence interact (see Sternberg, 2004a), many others do not (see essays in Sternberg & Grigorenko, 2002b). A substantial majority of intelligence theorists and researchers believe that intelligence is best defined in terms of a universal general ability (*g*) that is fixed across cultures. It is to be hoped that some of the more contemporary studies described here will change some minds.

The theory motivating much of the work described here is the theory of successful intelligence (Sternberg, 1985, 1997, 1999), according to which “successful intelligence” is defined as what is needed for success in life, according to one’s own definition of success, within one’s socio cultural context. One acquires and uses these skills and this knowledge by capitalizing on strengths, correcting or compensating for weaknesses, and adapting to, shaping, or selecting environments, through a balance of analytical, creative, and practical abilities. It might seem strange at first to think of one’s own definition of success as mattering for successful intelligence. But people develop their intellectual skills in line with where in life they wish to go: Professional tennis player, artists, violinists, and plumbers all need to develop somewhat different (although partially overlapping) sets of intellectual skills to succeed in their respective lines of work. Of course, there are many alternative theories of intelligence as well (e.g., Carroll, 1993; Cattell, 1971; Cattell & Cattell, 1973; Ceci, 1996; Gardner, 1983, 1999; Guilford, 1967; Gustafsson, 1994; Horn & Cattell, 1966; Jensen, 1998; Spearman, 1927; Thurstone, 1938), many of which are reviewed in Sternberg (1990, 2000) and Cianciolo and Sternberg (2004). The field of intelligence has, at times, tended to ‘put the cart before the horse’, defining the construct conceptually on the basis of how it is operationalized rather than vice versa. This practice has resulted in tests that stress the academic aspect of intelligence, as one might expect, given the origins of modern intelligence testing in the work of Binet & Simon (1916) in designing an instrument that would distinguish children who would succeed from those who would fail in school. However, the construct of intelligence needs to serve a broader purpose, accounting for the bases of self-defined success throughout one’s life.

The use of societal criteria of success (e.g. school grades, personal income) can obscure the fact that these measures of performance often do not capture people’s personal notions of success. Some people choose to concentrate on extracurricular activities such as athletics or music, and pay less attention to grades in school; others may choose occupations that are personally meaningful to them but that will never yield the income that they could gain by doing work that is less personally meaningful. In the theory of successful intelligence, the conceptualization of intelligence is individually determined but always occurs within a socio cultural context. Although the processes of intelligence may be common across such contexts, what constitutes success is not. Being a successful member of the clergy of a particular religion may be highly rewarded in one society, but viewed as a worthless pursuit in another culture.

In the theory, one’s ability to achieve success depends on the capitalization of one’s strengths and correction or compensation for one’s weaknesses. Theories of intelligence typically specify some relatively fixed set of abilities, whether this be one general factor and several specific factors (Spearman 1904), seven multiple factors (Thurstone 1938), eight multiple intelligences (Gardner 1983, 1999) 150 separate intellectual abilities (Guilford 1982). Such a way of looking at intelligence may be useful in establishing common set of skills to be tested. People achieve success, even within a given occupation, in many different ways. For example, successful teachers and researchers achieve success through many different blending of skills rather than through any single formula that works for all of them.

Definitions of intelligence traditionally have emphasized the role of adaptation to the environment (Intelligence and its Measurement 1921; Sternberg & Detterman 1986). But intelligence involves not only modifying oneself to suit the environment (adaptation), but also modifying the environment to suit oneself (shaping) and sometimes finding a new environment that is a better match to one's skills, values or desires (selection). Not all people have equal opportunities to adapt to, shape and select environments. In general, people of higher socio-economic standing tend to have more opportunities and people of lower socio-economic standing have fewer (Sternberg & Grigorenko 2004).

The economy or political situation of the society can also be factors. Other variables that may affect such opportunities are education (especially literacy), political party, race, religion, and so forth. For example, someone with a college education typically has many more career options than does someone who has dropped out of high school to support a family. Thus, how and how well an individual adapts to, shapes and selects environments must always be viewed in terms of the opportunities available to them. Finally, success is attained through a balance of analytical, creative and practical abilities. Analytical abilities are those primarily measured by traditional ability tests. Success in life requires one not only to analyze one's own ideas as well as those of others, but also to generate ideas and to persuade other people of their value. This necessity occurs in the world of work, for example when a subordinate tries to convince superior of the value of his or her plan; in the world of personal relationships, when a child attempts to convince a parent to do what he or she wants or when a spouse tries to convince the other spouse to do things in his or her preferred way; and in the school, when a student writes an essay arguing for a point of view.

The theory would interpret the studies described earlier as showing the importance of context in understanding human intelligence. For street children, knowing how to do the mathematics needed to run a street business is a matter of survival; knowing how to solve similar or even identical problems in the classroom is not. The children have adapted to the exigencies of their own environments. The processes needed for solving problems may be largely the same in the classroom and the street contexts, but the different contexts elicit different behavior, just as we may behave very differently in school from the way we do at work, or at work from the way we do at home.

CULTURAL STUDIES

In a series of studies in a variety of cultures, there are evidences about intelligence and how it might apply in diverse contexts. As explained later in this section, they may apply quite differently, depending on where they need to be applied.

(a) *Children may develop contextually important skills at the expense of academic ones*

Investigations of intelligence conducted in settings outside the developed world can often yield a picture of intelligence that is quite at variance with the picture one would obtain from studies conducted only in the developed world. In a study in 1996 in Usenge, Kenya, near the town of Kisumu, Sternberg & Grigorenko were interested in school-aged children's ability to adapt to their indigenous environment. They devised a test of practical intelligence for adaptation to the environment (see Sternberg & Grigorenko 1997; Sternberg et al. 2001). The test of practical intelligence measured children's informal tacit knowledge for natural herbal medicines that the villagers believe can be used to treat various types of infections. More than 95% of the children suffer from parasitic illnesses. Children in the villages use their knowledge of these medicines at an average frequency of once a week in medicating themselves and others. Thus, tests of how to use these medicines constitute effective measures of one aspect of practical intelligence as

defined by the villagers, as well as their life circumstances in their environmental contexts. Their well-being hinges upon their being able to self-medicate. Those who cannot suffer to a greater degree the consequences of the illnesses. Middle-class westerners might find it quite a challenge to thrive or even survive in these contexts, or, for that matter, in the contexts of urban ghettos often not distant from their comfortable homes.

The Kenyan children's ability was measured to identify the natural herbal medicines, where they come from, what they are used for and how they are dosed. Based on work that was carried out elsewhere, it was expected that scores on this test would not correlate with scores on conventional tests of intelligence (Sternberg et al. 2000). To test this hypothesis, the 85 children were administered to the 'Raven colored progressive matrices test' (Raven et al. 1992), which is a measure of fluid or abstract-reasoning based abilities, as well as the 'Mill Hill vocabulary scale' (Raven et al. 1992), which is a measure of crystallized or formal knowledge-based abilities. In addition, the children were given a comparable test of vocabulary in their own Dholuo language. The Dholuo language is spoken in the home, English is spoken in the schools.

There was no significant correlation between the test of indigenous tacit knowledge and scores on the fluid-ability tests. But, surprisingly, there were statistically significant correlations of the tacit-knowledge tests with the tests of crystallized abilities. The correlations, however, were negative. In other words, the higher the children scored on the test of tacit knowledge, the lower they scored, on average, on the tests of crystallized abilities. Tests of fluid abilities also showed correlations with practical intelligence in the negative direction.

These surprising results can be interpreted in various ways, but based on the ethnographic observations of the anthropologists on the team, it is concluded that a plausible scenario takes into account the expectations of families for their children. Many children drop out of school before graduation, for financial or other reasons. Moreover, many families in the village do not particularly value formal western schooling.

There is no reason why they should, since the children of many families will, for the most part, spend their lives farming or engaged in other occupations that make little or no use of western schooling. Few, if any, will go to universities. These families emphasize teaching their children the indigenous informal knowledge that will lead to successful adaptation to the environments in which they will really live. Children who spend their time learning the indigenous practical knowledge of the community generally do not invest heavily in doing well in school, whereas children who do well in school generally do not invest as heavily in learning the indigenous knowledge: hence the negative correlations. In some cases, they do not learn the indigenous knowledge because no one wants to take them on as apprentices to teach them. They may therefore be perceived as the 'losers' in the village. The Kenya study suggests that the identification of a general factor of human intelligence may tell us more about how abilities interact with patterns of schooling and especially western patterns of schooling, than it does about the structure of human abilities. In western schooling, children typically study a variety of subjects from an early age and thus develop skills in a variety of areas. This kind of schooling prepares children to take a standard test of intelligence.

Such a test typically measures skills in a variety of areas. Intelligence tests often measure skills that children were expected to acquire a few years before taking the intelligence test; but as Rogoff (1990, 2003) and others have noted, this pattern of schooling is not universal and has not even been common for much of the history of humankind. Throughout history and in many places still, schooling, especially for boys, takes the form of apprenticeships in which children learn a craft from an early age. The children learn what they will need to know to succeed in a trade, but not a lot more. They are not simultaneously engaged in tasks that require the

development of the particular blend of skills measured by conventional intelligence tests. Hence it is less likely that one would observe a general factor in their scores, much as it is discovered in Kenya.

(b) Children may have substantial practical skills that go unrecognized in academic tests

There are related although certainly not identical results in a study of Yupik Eskimo children in southwestern Alaska (Grigorenko et al. 2004a). These children were taken because their teachers thought them, for the most part, to be quite lacking in the basic intelligence needed for success in school. However, many of the children had tremendous practical knowledge that few, if any, of the teachers had, such as how to travel from one village to another in the winter on a dogsled in the absence of landmarks that would have been recognizable to the teachers (or to us). There is the importance of academic and practical intelligence in rural and urban Alaskan communities. A total of 261 high-school children were rated for practical skills by adults or peers in the study: 69 in grade 9, 69 in grade 10, 45 in grade 11 and 37 in grade 12. Out of these children, 145 were females and 116 were males, and they were from seven different communities: six rural and one relatively urban. Academic intelligence was measured with conventional measures of fluid and crystallized intelligence. Practical intelligence was measured with a test of tacit (informally learned) knowledge as acquired in rural Alaskan Yup'ik communities. The urban children generally outperformed the rural children on a measure of crystallized intelligence, but the rural children generally outperformed the urban children on the measure of Yup'ik tacit knowledge. The test of tacit knowledge was superior to the tests of academic intelligence in predicting the practical, and particularly, hunting skills of the rural children (for whom the test was created), but not of the urban ones. Thus, in terms of the skills that mattered most to the children's everyday lives, the test of practical intelligence was distinctly preferable.

c) Practical intellectual skills may be better predictors of health than academic ones

In their study, Grigorenko & Sternberg (2001) tested 511 Russian school children (ranging in age from 8 to 17 years) as well as 490 mothers and 328 fathers of these children. They used entirely distinct measures of analytical, creative and practical intelligence. Fluid analytical intelligence was measured by two subtests of a test of non-verbal intelligence. The 'test of g: culture fair, level II' (Cattell & Cattell 1973) is a test of fluid intelligence designed to reduce, as much as possible, the influence of verbal comprehension, culture and educational level, although no test completely eliminates such influences. In the first subtest, 'series', individuals were presented with an incomplete, progressive series of figures.

The participants' task was to select, from among the choices provided, the answer that best continued the series. In the 'matrices' subtest, the task was to complete the matrix presented at the left of each row. The test of crystallized intelligence was adapted from existing traditional tests of analogies and synonyms or antonyms used in Russia. Grigorenko & Sternberg (2001) used adaptations of Russian rather than American tests because the vocabulary used in Russia differs from that used in the USA. The first part of the test included 20 verbal analogies (internal-consistency reliability, 0.83). An example is 'circle ball $\frac{1}{4}$ square? (i) Quadrangular, (ii) figure, (iii) rectangular, (iv) solid, (v) cube'. The second part included 30 pairs of words, and the participants' task was to specify whether the words in the pair were synonyms or antonyms (internal-consistency reliability, 0.74). Examples are 'latent-hidden' and 'systematic-chaotic'. The measure of creative intelligence also comprised two parts. The first part asked the participants to describe the world through the eyes of insects. The second part asked participants to describe who might live and what might happen on a planet called 'Priumliava'. No additional information on the nature of the planet was specified. Each part of the test was scored in three different ways to yield three different scores. The first score was for originality (novelty); the

second was for the amount of development in the plot (quality); and the third was for creative use of prior knowledge in these relatively novel kinds of task (sophistication). The measure of practical intelligence was self-report and also comprised two parts. The first part was designed as a 20 item, self-report instrument, assessing practical skills in the social domain (e.g. effective and successful communication with other people), in the family domain (e.g. how to fix household items, how to run the family budget) and in the domain of effective resolution of sudden problems (e.g. organizing something that has become chaotic). In this study, only the total practical intelligence self-report scale was used. The second part had four vignettes, based on themes that appeared in popular Russian magazines in the context of discussion of adaptive skills in the current society (Sternberg & Grigorenko 2004). The four themes were, respectively, how to maintain the value of one's savings, what to do when one makes a purchase and discovers that the item one has purchased is broken, how to locate medical assistance in a time of need, and how to manage a salary bonus one has received for outstanding work. Each vignette was accompanied by five choices and participants had to select the best one. Obviously, there is no one 'right' answer in this type of situation. Hence Sternberg and Grigorenko used the most frequently chosen response as the keyed answer. To the extent that this response was suboptimal, this sub optimality would work against us in subsequent analyses relating scores on this test to other predictor and criterion measures.

Clear-cut analytical, creative and practical factors emerged for the tests. Thus, with a sample of a different nationality (Russian), a different set of tests and a different method of analysis (exploratory rather than confirmatory analysis) supported the theory of successful intelligence. In this same study, the analytical, creative and practical tests that were employed were used to predict mental and physical health among the Russian adults. Mental health was measured by widely used paper-and-pencil tests of depression and anxiety, and physical health was measured by self-report. The best predictor of mental and physical health was the practical intelligence measure (or, because the data are co relational, it may be that health predicts practical intelligence, although the connection here is less clear). Analytical intelligence came second and creative intelligence came third. All three contributed to prediction, however. Thus, it is concluded again that a theory of intelligence encompassing all three elements provides better prediction of success in life than does a theory comprising just the analytical element.

The results in Russia emphasized the importance of studying health-related outcomes as one measure of successful adaptation to the environment. Health-related variables can affect one's ability to achieve one's goals in life, or even to perform well on tests, as it is found in Jamaica.

(d) Physical health may moderate performance on assessments

In interpreting results, whether from developed or developing cultures, it is always important to take into account the physical health of the participants one is testing. In a study carried out in Jamaica (Sternberg et al. 1997), it is found that Jamaican school children who suffered from parasitic illnesses (for the most part, whipworm or *Ascaris*) performed more poorly on higher-level cognitive tests (such as of working memory and reasoning) than did children who did not suffer from these illnesses, even after controlling for socio-economic status. Thus, many children were poor achievers not because they lacked abilities, but because they lacked good health. If you are moderately to seriously ill, you probably find it more difficult to concentrate on what you read or what you hear than if you are healthy. Children in developing countries are ill much and even most of the time. They simply cannot devote the same attention and learning resources to schoolwork as do healthy children. Do conventional tests, such as of working memory or of reasoning, measure all of the skills possessed by children in developing countries? Work that is done in Tanzania suggests that they do not.

(e) *Dynamic testing may reveal cognitive skills not revealed by static testing*

The study conducted in Tanzania (see Sternberg & Grigorenko 1997, 2002; Sternberg et al. 2002) demonstrates the risks of giving tests, scoring them and interpreting the results as measures of some latent intellectual ability or abilities which was administered to 358 school children between the ages of 11 and 13 years near Bagamoyo, Tanzania, tests including a form-board classification test, a linear syllogisms test and a twenty questions test, which measure the kinds of skills required in conventional tests of intelligence. The scores were obtained and could analyze and evaluate, ranking the children in terms of their supposed general or other abilities. However, the tests were administered dynamically rather than statically (Vygotsky 1978; Brown & French 1979; Brown & Ferrara 1985; Lidz 1991; Haywood & Tzuriel 1992; Guthke 1993; Grigorenko & Sternberg 1998; Sternberg & Grigorenko 2002). Dynamic testing is like conventional static testing in that individuals are tested and inferences about their abilities are made. But dynamic tests differ in that children are given some kind of feedback to help them to improve their scores.

Vygotsky (1978) suggested that children's ability to profit from guided instruction that they received during a testing session could serve as a measure of the children's zone of proximal development, or the difference between their developed abilities and their latent capacities. In other words, testing and instruction are treated as being of one piece rather than as being distinct processes. This integration makes sense in terms of traditional definitions of intelligence as the ability to learn (Intelligence and its Measurement 1921; Sternberg & Detterman 1986). What a dynamic test does is directly to measure processes of learning in the context of testing, rather than measuring these processes indirectly as the product of past learning. Such measurement is especially important when not all children have had equal opportunities to learn in the past. In the assessments, children were first given static ability tests. Experimental-group children were then given a brief period of instruction in which they were able to learn skills that would potentially enable them to improve their scores.

Control-group children were not given such instruction. Then they were all tested again. Because the instruction for each test lasted for only ca. 5–10 min, one would not expect dramatic gains. However, on average, the gains in the experimental group were statistically significant. The experimental group also showed significantly greater gains than did the control group. More importantly, scores of the experimental-group children on the pre-test showed only weak although significant correlations with scores on the post-test. These correlations, at about the 0.3 level, suggested that when tests are administered statically to children in developing countries, the results may be rather unstable and easily subject to influences of training. The reason for this could be that the children are not accustomed to taking western-style tests, and so profit quickly even from small amounts of instruction as to what is expected from them. By contrast, the correlations for the control group were at the 0.8 level, as would be expected when one merely administers a pre-test and a post-test without an experimental intervention.

Of course, the more important question is not whether the scores changed or even correlated with each other, but rather how they correlated with other cognitive measures. In other words, which test was a better predictor of transfer to other cognitive performance, the pre-test score or the post-test score? The post-test score were found to be the better predictor in the experimental group.

In the Jamaica study described earlier, failed to find effects of anti-parasitic medication, Albendazole, on cognitive functioning. Might this have been because the testing was static rather than dynamic? Static testing tends to emphasize skills developed in the past. Children who suffer from parasitic illnesses often do not have the same opportunities to profit from instruction that

healthy children have. Dynamic testing emphasizes skills developed at the time of test. Indeed, the skills or knowledge are specifically taught at the time of the test. Would dynamic testing show effects of medication (in this case, praziquantel for schistosomiasis) not shown by static testing? The answer was yes. Over time, treated children showed a distinct advantage over children who received a placebo, and were closer after time had passed to the control (uninfected) group than were the placebo-treated children. In other words, dynamic testing showed both hidden skills and hidden gains not shown on static tests.

(f) *New 'intermediate tests' of cognitive skills reveal new aspects of cognitive performance*

In cultural research, school related skills are intermediate between abilities and achievement. Traditional tests of cognitive abilities are quite far removed from school performance. Achievement tests are a form of school performance. In Zambia, Grigorenko et al. (2004b) devised such an intermediate test. Children in school and outside it continually need to be able to follow instructions. Often they are not successful in their endeavors because they do not follow instructions as to how to realize these endeavors. Following complex instructions is thus important for the children's success.

The Z-CAI measures working memory, reasoning and comprehension skills in the oral, written and pictorial domains. The Z-CAI was designed to measure children's ability to follow oral, written and pictorial instructions that become increasingly complex; be simple to implement, so that teachers could be easily trained to administer the instrument; be sensitive specifically to any improvement in cognitive functioning that was a result of improved health status; and be psychometrically sound (valid and reliable) in Zambia. Children tested on the Z-CAI were treated for parasitic illnesses outperformed children who were not treated relative to baseline performance.

(g) *Intelligence may be different things in different cultures*

Intelligence may be conceived in different ways in different cultures (see reviews in Berry 1997; Sternberg & Kaufman 1998). Yang & Sternberg (1997a) reviewed Chinese philosophical conceptions of intelligence. The Confucian perspective emphasizes the characteristic of benevolence and of doing what is right. As in the western notion, the intelligent person expends a great deal of effort in learning, enjoys learning and persists in life-long learning with a great deal of enthusiasm. The Taoist tradition, in contrast, emphasizes the importance of humility, freedom from conventional standards of judgment and full knowledge of oneself as well as of external conditions.

The difference between eastern and western conceptions of intelligence may persist even in the present day. Yang & Sternberg (1997b) studied contemporary Taiwanese Chinese conceptions of intelligence, and found five factors underlying these conceptions: (i) a general cognitive factor, much like the g-factor in conventional western tests; (ii) interpersonal intelligence (i.e. social competence); (iii) intrapersonal intelligence; (iv) intellectual self-assertion: knowing when to show that you are smart; and (v) intellectual self-effacement: knowing when not to show that you are smart. In a related study but with different results, Chen (1994) found three factors underlying Chinese conceptualizations of intelligence: non-verbal reasoning ability, verbal reasoning ability and rote memory. The difference may be a result of different subpopulations of Chinese, differences in methodology or differences in when the studies were done.

The factors uncovered in Taiwan differ substantially from those identified in US citizens' conceptions of intelligence by Sternberg et al. (1981): (i) practical problem solving; (ii) verbal ability; and (iii) social competence; although in both cases, people's implicit theories of intelligence seem to go quite far beyond what conventional psychometric intelligence tests measure. Of course, comparing the Chen (1994) study with the Sternberg et al. (1981) study

simultaneously varies both language and culture. Studies in Africa in fact provide yet another window on the substantial differences. Ruzgis & Grigorenko (1994) argued that, in Africa, conceptions of intelligence revolve largely around skills that help to facilitate and maintain harmonious and stable intergroup relations; intergroup relations are probably equally important and at times more important. For example, Serpell (1974, 1996) found that Chewa adults in Zambia emphasize social responsibilities, cooperativeness and obedience as important to intelligence; intelligent children are expected to be respectful of adults. Kenyan parents also emphasize responsible participation in family and social life as important aspects of intelligence (Super & Harkness 1982, 1986, 1993). In Zimbabwe, the word for intelligence, *ngwee*, actually means to be prudent and cautious, particularly in social relationships. Among the Baoule, service to the family and community and politeness towards, and respect for, elders are seen as key to intelligence (Dasen 1984).

It is difficult to separate linguistic differences from conceptual differences in cross-cultural notions of intelligence. In a study; converging operations were used to achieve some separation. There are different and diverse empirical operations to ascertain notions of intelligence (Sternberg & Grigorenko 2004). So, in one study that people identify aspects of competence; in another study, that they identify competent people; in a third study, that they characterize the meaning of ‘intelligence’, and so forth.

The emphasis on the social aspects of intelligence is not limited to African cultures. Notions of intelligence in many Asian cultures also emphasize the social aspect of intelligence more than does the conventional western or intelligence quotient-based notion (Lutz 1985; Poole 1985; White 1985; Azuma & Kashiwagi 1987).

It should be noted that neither African nor Asian notions emphasize exclusively social notions of intelligence. These conceptions of intelligence focus much more on social skills than do conventional US conceptions of intelligence, while simultaneously recognizing the importance of cognitive aspects of intelligence. In a study of Kenyan conceptions of intelligence (Grigorenko et al. 2001), it was found that there are four distinct terms constituting conceptions of intelligence among rural Kenyans—*rieko* (knowledge and skills), *luoro* (respect), *winjo* (comprehension of how to handle real-life problems) and *paro* (initiative)—with only the first directly referring to knowledge-based skills (including but not limited to the academic).

It is important to realize, again, that there is no one overall US conception of intelligence. Indeed, Okagaki & Sternberg (1993) found that different ethnic groups in San Jose, CA, had rather different conceptions of what it means to be intelligent. For example, Latino parents of schoolchildren tended to emphasize the importance of social competence skills in their conceptions of intelligence, whereas Asian parents tended rather heavily to emphasize the importance of cognitive skills. ‘White’ parents also emphasized cognitive skills more. Teachers, representing the dominant culture, emphasized cognitive skills more than social-competence skills. The rank order of children of various groups’ performance (including subgroups within the Latino and Asian groups) could be perfectly predicted by the extent to which their parents shared the teachers’ conception of intelligence. In other words, teachers tended to reward those children who were socialized into a view of intelligence that happened to correspond to the teachers’ own. However, social aspects of intelligence, broadly defined, may be as important as or even more important than cognitive aspects of intelligence in later life. Some, however, prefer to study intelligence not in its social aspect, but in its cognitive one.

CONCLUSION

The purpose of this paper was to review position on culture and intelligence and the paper then presented alternative views. The paper included a short description of Sternberg's Triarchic Theory of Intelligence and his conclusions related to measuring intelligence across cultures. When cultural context is taken into account, (i) individuals are better recognized for and are better able to make use of their talents, (ii) schools teach and assess children better, and (iii) society uses rather than wastes the talents of its members. Intelligence can pretend to measure across cultures simply by translating western tests and giving them to individuals in a variety of cultures. But such measurement is only pretense. Individuals in other cultures often do not do well on tests, nor would they do well on theirs. The processes of intelligence are universal, but their manifestations are not. Intelligence can be used to maximize well-being, but it also can be used to destroy it, as Hitler and many other leaders have shown. By understanding cross-cultural meanings of intelligence and of well-being, we can seek to match intelligence to the attainment of well-being, rather than to its destruction.

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Culture and Intelligence

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The curious case of medical negligence in Nigeria

Dennis Uba Donald *

ABSTRACT:

The preponderance of medical errors is not aimed at individual irresponsibility or the actions of a particular group of people. Dominantly, it is rather a collective dysfunction. Nigeria's healthcare systems have suffered criticisms borne out of the fact that most healthcare systems experience great deal of dearth in terms of availability of man power and infrastructure despite available medication. The statistics of the patients who have been in the receiving end of the problem are mostly of the lower class in rural communities who are in the most. The upper class is also affected but often remedies are sought by seeking treatment elsewhere. As a result most of the incidences are not recorded or filed as lawsuit. Ushie, Salami, Jegede & Oyetunde (2013) recently revealed from their study which examined patients' knowledge and perceived reactions to medical errors from 269 in-patients conducted among health caregivers in the University of Calabar Teaching Hospital, Nigeria, show that majority (64.5%) of respondents reported annoyance and disappointment with medical errors. Severity of error was (88.5%) and the perception of negligence mediated intention to litigate. Voluntary disclosure significantly reduced patients' intention to litigate caregivers. Private and public hospitals must be effectively monitored to the effect that medical certifying bodies must provide or show that the recipient of such certification have proven or demonstrated integrity, competence, and professionalism in the medical profession. Effective monitoring must be in place to routinely and consistently observe medical inventories of public and private hospitals. Human right advocacy groups should be more proactive in this case, in helping patients with the litigation process which is usually expensive, time and resource consuming.

Keywords: *medical negligence, medical errors, in-patients , litigation*

INTRODUCTION

The reality of the matter is that, there is an epidemic of medical negligence and that 80 percent of these incidences involved death or serious injury to unsuspecting patients, bringing preventable, needless and untold grief to families, literally leaving patients worse than they were before they came to the hospital for assistance. One of a series of reports from the American association for justice on medical negligence reported on how two seminal studies on patient safety have shown that not only are hundreds of thousands of patients injured every year in the health care system, but very few of them sue.

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The curious case of medical negligence in Nigeria

According to the Institute of Medicine, 98,000 people die in hospitals each year as a result of preventable medical errors, costing the health care system \$29 billion in excess costs.

In Nigeria, Ushie, Salami, Jegede & Oyetunde (2013) recently revealed from their study which examined patients' knowledge and perceived reactions to medical errors from 269 in-patients conducted among health caregivers in the University of Calabar Teaching Hospital, Nigeria, show that majority (64.5%) of respondents reported annoyance and disappointment with medical errors. Severity of error (88.5%) and the perception of negligence mediated intention to litigate. Voluntary disclosure significantly reduced patients' intention to litigate caregivers. Frustration/anger was not more likely to influence patient to litigate than feelings of resignation/forgiveness. Financial difficulties arising from error had an important influence on litigation. Health caregivers admitted possibility of errors; and insisted that although notifying patients/relatives about errors is appropriate, disclosure was dependent on the seriousness, health implications and the causes. Medical malpractice is professional negligence by act or omission by a healthcare provider in which the treatment provided falls below the accepted standard of practice in the medical community and causes injury or death to the patient, with most cases involving medical error. Failure of a Medical practitioner, and/or Hospital to observe their respective duties of care as required by law will result in breach of a specified duty.

Examples of situations where the required duty have been breached are; adverse drug events, improper transfusions, surgical injuries and wrong-site surgery, suicides, restraint-related injuries or deaths, falls, burns, pressure ulcers and mistaken patient identity. Studies have shown that majority of adverse incidents occurring in healthcare delivery are preventable mistakes (Holbrook, 2003; Forebode, 2006; Akintola, 2002). Failure to take medical history and later results to damage, for a medical practitioner to properly treat or diagnose a patient, he needs to take full medical history of that patient. If a doctor fails to take such history, he will be liable in negligence. In Malaysia, it was recently reported that, a doctor treated a patient (now deceased) without enquiring into the medical history of the patient, the Court held him liable for negligence as a result of the breach of duty to enquire into the medical history of the deceased. A medical practitioner who fails to listen and act on the complaint of complications made by a patient shall be liable in negligence. Many of such incidences have been reported there was an actual case of a young married couple who took their child for a medical checkup because the child was feverish, after due treatment and consultation, the child and unsuspecting parents were discharged. The following day the child had seizures and went into a coma, laboratory results later revealed that the child had been given an overdose of a particular prescribed medication. There are existing laws in Nigeria that curtail the excesses of doctors and expose incompetency.

However, it is important that patients who suffer from this negligence be made to seek redress where such issues are noticed or better still, that the issue of negligence or incompetence is drastically reduced or almost made nonexistent. There are a lot of cases involving medical malpractice characterized by gross incompetency mostly in private or individually funded hospitals. This is not to say that, government funded hospitals are free of medical malpractice but

The curious case of medical negligence in Nigeria

the incidences are fewer in Nigeria. The case of medical malpractice is quite common mostly in privately and publicly funded hospitals, as several recorded cases have been reported in daily newspapers. But rather unfortunately, most of these cases do not see the light of day, as the medical staffs of these hospitals are quite ready to apologize and proffer compensations to families that are so affected in order to curtail or “hush” the spread of such incidences.

The Supreme Court of Nigeria defined Negligence to mean: “Lack of proper care and attention; carelessness behaviour or conduct; a state of mind, which is opposed to intention; the breach of duty of care imposed by common law and statute resulting in damage to the complaint”. Medical malpractice is fraught with many ills, sometimes leading to the demise of the affected patient or near death experience for the patient under medical treatment, followed by remedial complications. There are many instances where medical malpractice can be pointed out are: causing an injury to a patient while undergoing surgery, errors such as failure to ensure adequate sterilization, the choice of the wrong drug treatment, premature discharge of patient from hospital, failure to spot the warning signs of infection, failure to remove foreign objects inserted into a patient foreign object may include; scalpel, forceps, retractors or swabs. Error in diagnosis, failure to diagnose is not actionable per se, unless the patient so affected, can prove that failure to properly diagnose results into injury. It is not enough that a medical practitioner owes a duty of care; the breach of the duty of care, it is also important to show that there is consequential damage as a result of the breach; otherwise, the claim of the patient will fail.

As mentioned earlier, there are many incidences in Nigeria involving medical malpractice but it usually “hushed up” before it gets to the public, this is due in no small amount to poverty, ignorance, and illiteracy among patients and to some extent the level of religiosity of the family members of such patients. It is pertinent to note here, that there are several needless funeral ceremonies, if the families of the deceased were a little more enlightened about medical procedures, right of patients in hospital, the right to ask questions, and give reasons for any particular use of medical material. This is not asking patient or family members to become doctors, but that a lot of mishaps and accidents can be averted or forestalled if the families and care givers of the patient have little knowledge about medical processes

The distinction has to be made between medical mistake which is excusable in law and mistake which will constitute negligence. In medical mistake, the law regards as excusable this is because the court accepts that ordinary human fallibility preclude liability, while in mistake that constitutes negligence, the conduct of the defendant is considered to have gone beyond the bounds of what is expected of the reasonably skillful or competent doctor. The true position is that an error of judgment may, or may not, be negligent; it depends on the nature of the error. If it is one that would not have been made by reasonably competent professional man professing to have the standard and type of skill that the defendant holds himself out as having, and acting with ordinary care, then it is negligence. If, on the other hand, it is an error that such a man, acting with ordinary care, might have made, then it is not negligent. It should be noted that gross mistake is always treated as medical negligence.

The curious case of medical negligence in Nigeria

The principle of negligence as it relates to medical practice is quite cumbersome and the stakes are always high for both the hospital and the patient so affected. Generally, in negligence, both the legal burden and evidential burden of prove is placed on the claimant. Therefore, in medical practice, a patient who is aggrieved from the way he/she was treated; or he/she does not give consent to treatment shall have cause of action in negligence. In the light of this, a patient is expected to prove that the medical practitioner owes him a duty of care; he has breached this duty, and the breach result in consequential damage. On duty of care, a medical practitioner is not expected to be a miracle worker who will guarantee cure, but he is expected to carry out the duty of care owed to the patient on the standard of care set by law. However, if a medical practitioner treats in contrary to the standard of care set by law, he may be liable in negligence. Also, a Hospital equally has its own duty of care owe to a patient on administrative matters, such as employment of competent staffs, provision of safe equipment, etc. the standard of care expected of a Hospital is that of are assumable hospital placed in the same category. It merits mentioning that failure of a medical practitioner or Hospital to exhibit respective standard of care will amount to breach of duty of care which may result in to damage.

Harvard Medical Practice study (1990) reports that the burden of proving negligence is placed on the patient, however, there are instances where the patient will be unable to prove or proffer evidence to prove negligence, hence, the need for the doctrine of *Res ipsaloquitur*. If successively pleaded and upheld, the medical practitioner or the Hospital shall be liable in negligence. It merits mentioning that justice is not a one-way traffic, in light of this, a medical practitioner or Hospital will have opportunity to defend itself and plead certain defense (Contributory negligence or *Volenti non fit in juria*) in order to mitigate or completely exonerated from liability in negligence. In negligence generally, it is not in doubt that to prove negligence is not an easy task, at times it requires calling of expert witness to give expert evidence before a patient will succeed in an action in negligence. This should not stop families of those so affected this is because, if these series of malpractice continues goes unchecked, hospitals and medical Practioners will not be made accountable and in so doing, leading to gross misconduct and absolute professional recklessness.

To conclude, private and public hospitals must be effectively monitored to the effect that medical certifying bodies must provide or show that the recipient of such certification have proven or demonstrated integrity, competence, and professionalism in the medical profession. Effective monitoring must be in place to routinely and consistently observe medical inventories of public and private hospitals. Human right advocacy groups should be more proactive in this case, in helping patients with the litigation process which is usually expensive, time and resource consuming.

Professor Oluwatelure a consultant clinical psychologist of the department of Psychology Adekunle Ajasin University Ondo State, suggested that It will be necessary to encourage managers of the health care delivery system in African countries to increase education by organizing public lectures and workshops on the role that families, caregivers, custodians and the

general public, need to play to reduce this escapable, needless and preventable occurrence. Enlightenment programmers are needed at various levels of the society to reduce the level of ignorance, and to foster necessary confidence to engage doctors and nurses with questions as to better understanding the reasons for any medical intervention, if medical Practitioners are of the opinion that there every procedure will be met with questions from the knowledgeable patients or care givers, there will be less room for negligence and quackery.

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A Study of Various classes of police officers in the traffic division of Ahmedabad and their Work Stress/Anxiety/Worry

Mehul Mahendrabhai Patel*

ABSTRACT:

The following study was conducted to study the work related stress and its effect on the police officers working in the traffic division of Ahmedabad city, Gujarat, India. For this the sample selected was Constables and Head Constables who held an experience of 1-5 years of duty (60 samples) and 10-15 years of duty (60 samples). The total samples in the population was 120 (N=120). The samples were selected from a variety of regions throughout the city of Ahmedabad. To measure the job related stress, the Job Stress Scale was used which was developed by A. K. Shrivastava and M. M. Sinha. The psychometric method used for statistical analysis was the 't' test. The study showed that the second group (10-15 years experience) showed less work related stress than the first group (1-5 years experience); in both the classes of officers, that is, constables and head constables.

Keywords: Stress, Anxiety, Worry, Police officers, Ahmedabad City

INTRODUCTION

People often refer to this age as the age of stress. In psychological terms, stress is a manifestation of Anxiety. The origin of the word Anxiety is rooted in the Latin word Augustus. Anxiety and fear are related. In 1994 Kessler proposed, through his research, that anxiety can be a part of a mental disturbance and it is a fairly common occurrence as far as mental health is concerned. Its prevalence is about 19% in Males and 31% in females.

Different psychologists have tried to define anxiety and stress in a variety of manner and perspectives. Anxiety is an unpleasant state of inner turmoil, often accompanied by nervous behavior, such as pacing back and forth, somatic complaints and rumination. It is the subjectively unpleasant feelings of dread over anticipated events. Anxiety usually always has to do with what 'may' happen in the coming future.

Types:

Anxiety is a feeling of fear, worry, and uneasiness, usually generalized and unfocused as an overreaction to a situation that is only subjectively seen as menacing. As far as mental health is concerned, anxiety can manifest in a variety of forms. Some of these are test anxiety, social anxiety, sexual anxiety and so on.

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A Study of Various classes of police officers in the traffic division of Ahmedabad and their Work Stress/Anxiety/Worry

According to Freud, a feeling of impending danger that can be based on objective, neurotic, or moral threats.

Factors:

Anxiety can arise from a variety of factors.

Kleppner and Cube say that when there is a vast gap between a person's desire or situation and his goals then he can be threatened by a state of anxiousness.

Anxiety is in a way a biological instinct of man so that he can focus to the problem at hand and can actively deal and alleviate it.

Parents who are constantly in an anxious state of mind tend to transfer this trait to their offsprings as well. If parents expect too much out of their kids, and if the kid is unable to fulfill these expectations then he can face these anxiety and stress as well.

Anxiety often roots out of the biological instinct of survival and the challenges faced by a person in his life and in a way it forms an important motivational tool. However if the individual cannot find effective ways to cope with this stress then he may face problems due to the anxiety itself which hinders his cognition and ability to deal with real-life issues.

Previous Researches:

1) A Study on Job Related Anxiety/Stress and Mental health of Maharashtra Police Constables; Barve B.N., Indian Streams Research Journal, November 2011.

The study focused on finding out job related stress of 100 male and 100 female constables of the Maharashtra Police. Their mental health was measured and it was found that there is a difference in the stress of job felt by men and women.

2) Nilofar Ehsaan and Jean Abdul (2009), A Study of Malaysian University Staff and their Job Satisfaction & Job stress. The study was done on a sample of employees of public universities of Malaysia. It was found that there is a correlation between the Job Stress and Job Satisfaction.

3) McLean (1974); Cooper and Marshall (1976); Brick, Schuller & Wansel (1981) proposed that work overload, work related role and role confusion can be major factors in affecting job related stress or anxiety.

Penn (1981) found out that the major factor which is the cause of work stress can be found in the environment and surroundings of the work. This can also include colleagues in our work area. For instance sometimes bosses expect more than an employee may be capable of.

A Study of Various classes of police officers in the traffic division of Ahmedabad and their Work Stress/Anxiety/Worry

AIM OF THE RESEARCH:

To study the factors of work related stress presenting in Constables and Head Constables holding a work experience of 1-5 years (Group 1) and 10-15 years (Group 2.)

NULL HYPOTHESIS:

There is no difference in the work related stress between the two groups; Group 1 being constables and head constables having work experience of 1-5 years and Group 2 being constables and head constables with 10-15 years of work experience.

Independent Variable:

The Occupational Stress Index (OCI) presented to measure job stress.

Dependent Variables:

There were 2 dependent variable

- 1) The score on OCI for constables and head constables with traffic duty experience of 1 to 5 years (Group 1)
- 2) The score on OCI for constables and head constables with traffic duty experience of 10-15 years (Group 2)

DESIGN:

The following study used a non-repeated measures design of sample and a two-tailed 't' test was used to measure the variance between the two groups. That is a subject was exposed to only one of the two groups in the study.

METHOD:

Keeping in mind the aim of the study, the samples were selected from a variety of regions in the city of Ahmedabad city like Shaahibaug, CTM, Maninagar, Iisanpur, Satellite, Navrangpura, Ghatlodiya, Nehru Nagar, Naroda, etc. The samples selected were divided into 2 groups. Group 1 was constables and head constables holding a traffic duty experience of 1-5 years and Group 2 was constables and head constables holding a traffic duty experience of 10-15 years. There were a total of 120 samples selected from the overall population and were selected at random. <One line cannot translate. Check!!!>

Tools & Apparatus:

1. Job Stress Scale (A. K. Shrivastava & Dr. M. M. Sinha) consisting of 80 items. These 80 items have been sorted into 7 different categories.

The test ideally takes about 20-25 minutes to finish.

A Study of Various classes of police officers in the traffic division of Ahmedabad and their Work Stress/Anxiety/Worry

The split half reliability coefficient of the test is 0.85 and test-retest reliability was found out to be 0.81. The validity was checked by comparing it to Rolf Analysis Form (1961), and was found out to be 0.54. On top of that it was also compared to the Sarsen's General Anxiety Test (1957) and was found to be 0.56.

Analysis of Data:

There is a significant difference between the values obtained for job related stress and anxiety between the Group 1 (Constables/Head-Constables with 1-5 years experience) and Group 2 (Constables/Head-Constables with 10-15 years experience.)

Categories	N	M	SD	't' Value	S 0.05
1 to 5 years	30	41.2	4.84	3.37	S
10 to 15 years	30	32.2	6.91		

S = Significant & N.S.= Non-Significant

RESULTS & DISCUSSION:

In the given tables, we can see that the 't' value obtained for the job stress for traffic police in the 2 groups is 3.37 ($p = 0.05$). The mean obtained for traffic police constable and head constables who have been in the field for 1-5 years is 41.2 ($SD = 4.84$). Whereas the mean for constables and head constables with work experience of 10-15 years is 32.2 ($SD = 6.91$).

Here we can say that the stress felt by people in Group 1 is more than that of those included in Group 2. The reason for this difference could be that the people in Group 1 have to get used to a new way or method of working in their work environment and hence they may face more stress. The stress could also be due to the fact that these individuals are posted in variety of places right after their training and testing. The mental stress can also arise due to inappropriate attitude or approach towards their work environment. When comparing these people with those in Group 2, the Group 2 individuals have been in the field for a lot more time and hence are experienced and comfortable with how the system works and hence they feel less stress and anxiety

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Student's Creativity in Relation to Locus of Control: a Study of Mysore University, India

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ABSTRACT:

The study explored the relationship of creativity and locus of control of students coming from various academic disciplines (Biotechnology, Environmental Sciences, Civil Engineering, Electronics & Communication, Centre for Women Studies, Mathematics, Food and Nutrition and Geography). The data was collected from a sample of 450 students of Mysore University out of which 40 belonged to Electronics and communication, 44 were from Civil Engineering, 40 from Environmental Sciences, 37 from Biotechnology, 40 from Geography, 16 from mathematics, 20 from Food and Nutrition and 7 from Centre for Women Studies. Abbreviated Torrance Test for Adults and Levenson's Locus of Control tests were administered on students and their socio – demographic information was taken. Results showed that highly creative students are significantly higher on Internal Locus of Control and the students who were low on creativity are significantly higher on External Locus of Control. The study also found that students at post graduate level were significantly higher on Powerful Others as compared to students at under graduate level. Students with low creativity at both post graduate and undergraduate levels and from all disciplines are significantly higher on powerful others (external locus of control) as compared to the students with high creativity, while students with high creativity at post postgraduate and undergraduate level and from all disciplines are significantly higher on individual control as compared to students with low creativity at both the levels. The results also show that students from Geography are significantly higher on powerful others as compared to students from other disciplines, while students from centre for women studies are significantly lower on powerful others as compared to students from other academic disciplines except food and nutrition students. Students from Centre for women studies are significantly lower on chance control as compared to students from mathematics, environment sciences, biotechnology, civil engineering, and geography. However the students of geography are significantly higher on chance control as compared to students from mathematics, food and nutrition, electronics and communication, and centre for women studies.

Keywords: *Creativity, Locus of Control, Education, Academic Disciplines*

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INTRODUCTION

In the opening lines of Handbook of creativity Sternberg and Lubart (2004) said “If one wanted to select the best novelist, artist, entrepreneur or even chief executive officer, one would most likely want someone who is creative. Indeed, today many CEOs are selected not for their pleasant personalities or their learning and memory skills, but for their creative vision of how to turn a company around”. Creativity is the ability to produce work that is both novel (i.e. original, unexpected) and appropriate (i.e. useful, adaptive concerning task constraints (Lubart, 1994). Man has been involved in the process of creative imagination since time immemorial. Toynbee (1964) has rightly remarked that, “a few creative minds can make enormous differences to civilization.” Highly creative people are a national resource and such people should be identified at the school stage only and permitted to pursue the field of activity in which they show talent. It is essential that the nation should become concerned about all its potential human resources, especially aware of the waste and loss of such resources in each person (Taylor, 1978).

Torrance defined creativity as “the process of sensing problems or gaps in information, forming ideas of hypotheses, testing, and modifying these hypotheses, and communicating the results. This process may lead to any one of many kinds of products—verbal and nonverbal, concrete and abstract” (Torrance 1963). Many researchers have laboured to establish relationship between locus of control and creativity. Few recorded internal locus of control to be related with high creativity (Montea & Siu, 2002; Ambile et al, 1990) while few found external locus of control to be associated with high creativity (Bolen & Torrence, 1978; Richmond et al, 1980) and others found no relationship between the two (Brink, 2003).

The construct of LOC has been given considerable attention during the past two decades; it has been extensively researched in the areas of psychology (Phares, 1979; Basgall & Snyder, 1988; Anderman & Mindgly, 1997 and Carden, Bryant, & Moss, 2004). Locus of control concept has been gaining importance in diverse disciplines in modern world starting from education, sports, organizations, religion etc. Some studies linking LOC with health have noted that internal health locus of control is linked with increased exercise, breast self-examination, weight control, non alcoholism, smoking cessation and preventative health behaviors but they also cite several studies that have found only a weak or no relationship. Maltby, Day and Macaskill (2007), which continue to cite studies linking internal locus of control with improved physical health, mental health and quality of life in people undergoing conditions as diverse as HIV, migraines, diabetes, kidney disease and epilepsy. Apart from this, locus of control has been cited to play an important role in religious orientation. Earlier Whyte correlated locus of control with academic success of students enrolled in higher education courses.

Locus of Control refers to an individual's generalized expectations concerning where control over subsequent events resides. Individuals with an Internal Locus of Control (ILOC) believe that the outcomes of events are internally controllable. In other words, they believe that their own personal efforts, behaviors or skills will influence and determine outcomes and they take responsibility for their actions. On the contrary, individuals with an External Locus of Control (ELOC) believe that their behaviors or the events they experience are more determined

by external forces rather than by themselves. They believe and behave as if forces beyond their control such as chance, luck or others with greater power represent the important factors in determining the occurrence of reinforcing events (Rotter, 1966,1990). It has practical implications for business management practices because those individuals who have an internal locus of control are more likely to engage in more innovation than their counterparts who exhibit an external locus of control (Miller, Kets de Vries and Toulouse, 1982).

Rotter's conceptualization viewed locus of control as one-dimensional (internal to external) and Levenson's model asserts that there are three independent dimensions: Internality, Chance, and Powerful Others. Generally, the development of locus of control stems from family, culture, and past experiences leading to rewards. Most internals have been shown to come from families that focused on effort, education, and responsibility. On the other hand, most externals come from families of a low socioeconomic status where there is a lack of life control. An individual's belief about locus of control has been frequently studied as an antecedent to important social behaviors and psychological states. Specifically, the relationship between locus of control and gender (Manger and Eikeland, 2000) and between locus of control and such variables as achievement, teaching strategies and attribution (Sherris and Kahle, 1984; Park and Kim, 1998; Scharmann, 2006) have been investigated. Sherris and Kahle (1984) studied the effects of concept related teaching and locus of control on meaningful learning. The study concluded that teaching is not influential on meaningful learning, but those students with internal locus of control are more successful than those with external locus of control. Park and Kim (1998) made a comparison among students in terms of locus of control, attribution style and academic achievement. They concluded that those students with internal locus of control who are on the consistent honor list are much more successful than those with external locus of control. Those students with higher levels of achievement generally attribute their achievement to their own efforts and to the positive effects of other people, whereas, those students with lower levels of achievement attribute their underachievement to lack of skills or lack of support from other people.

Many studies and papers have been completed about how locus of control affects us in different areas of our lives (Lefcourt, 1976; Phares, 1976). However, there still lacks information in the area of whether locus of control is different for those persons with high education levels as compared to those persons with low education levels, also does locus of control differs for students belonging to different academic disciplines? Looking at this paucity of literature we chose to compare locus of control of graduates and post graduates and locus of control of students of different academic disciplines.

LITERATURE REVIEW

Not many studies have been conducted to bring out the relation between locus of control with the education level of students. Erwin and Steinke (1973) in their study found that the generalized expectancy of reinforcement is related to level of academic program of Ontario grade 9 secondary school students. The student in the advanced level program is more internally controlled than either the general or basic level student. Cartledge (1985) conducted a study to

compare the locus of control of developmental studies, graduate, and undergraduate students enrolled in a four-year institution in the University System of Georgia. The findings clearly stated that graduate students had significantly more internal locus of control in comparison to undergraduates. Werner (1989) found that “resilient youths” had developed a positive self-concept and internal locus of control by the time of their high school graduation. Johns (1992) in his study compared the locus of control of first- and second-grade students. He conducted his study on 591 students. The results showed that first-grade subjects had a significantly more external sense of control than second-grade subjects. Ponto (1999) conducted her study on three groups of 50 students in first, second and third of their diploma course and found no significant difference in Locus of Control between the groups. Schieman (2001) looking closely at the relationship between education and the sense of control determined that low education results in a loss of sense of control. Smith (2003) conducted a study on 100 male and female subjects of which 50 were non college-educated subjects with a high school education or less and 50 were graduate-level educated subjects with a graduate level education or higher and he found that graduate level and higher educated subjects possess a higher level of internal locus of control compared to those subjects of high school education or less. Slagsvold & Sorenson (2008) in their study found that more education leads to increases in internal locus of control (Slagsvold & Sorenson, 2008, p. 30). It is important in Turkish and Cypriot education system that students are internally controlled to enable them to be free willed, thinking and researching individuals who are able to bear the consequences of their actions. Therefore, it is important especially for teacher candidates to determine level of locus of control. Researches have shown that having an internal locus of control is related to higher academic achievement (Amadi, 2010).

When a review of existing literature was made in regard to Locus of Control of students of different academic disciplines, it was found that very few studies existed in this regard. Ponto (1999) conducted her study on first, second and third year students of nursing diploma course, to find the relation between LOC of nursing students and other student population. The results revealed that nursing students were more external in their LOC orientation than other student populations have been in the past. In their study Serin and Bulut Serin (2004) found that students of Guidance and Psychological Counseling are more internally controlled than students of Turkish Language Teaching and English Language Teaching. Ghonsooly & Elahi (2010) found from their research that students of sciences have higher internal control orientation than students of Engineering, who also tend to have internal LOC. Engineering students, showed an External LOC. Zargham and Seyyed (2011), concluded from their research that students with an internal LOC are better achievers in the English section of the university entrance exam in comparison to students of humanities who have relatively higher external LOC. Haladyna & Thomas (1977) found that students who have confidence in their own abilities, a sense of control of their own fate, and a feeling of being important, also have positive attitudes towards science. This was also confirmed by the findings of Talton and Simpson (1985), who stated that students with a strong positive regard for their own abilities to learn have a more positive attitude toward science.

A lot of research has been conducted to establish the relation between LOC and creativity, but the number has been less in Indian context. Carl Rogers (1954) postulated that persons who possess openness to experience, an internal locus of control and an ability to toy with elements will, in a climate of psychological freedom, form a greater number of creative products. The Bialer (1961) locus of control scale and two creativity measures (Instances and Uses) adapted from Wallach and Kogan's (1965) creativity tasks were employed to test fluency, uniqueness and flexibility. The results do not present a clear pattern of findings. For all female subjects (particularly second graders) internality correlated with creativity as measured by the Instances creativity measure. For male kindergarten subjects, low internality correlated with creativity as measured by the Uses creativity measure. Lee (1971) conducted this study which involved 60 kindergarten and 69 second grade students sought to identify a significant relationship between internal control perception and creativity. Erwin and Steinke (1973) conducted a study on ninety 7th, 8th, and 9th grade students, to study the relationship between scores on the Rotter's Internal-External scale, Guilford's Unusual Uses Test and a sorting task which examined their level of abstractness. No trends were seen between locus of control scores, measures of uncommonness and levels of abstractness. Glover and Sautter (1976) administered the Unusual Uses subtest of the Torrance Tests of Creative Thinking and the Rotter Social Reaction Inventory to 168 graduate students. Internals were found to have significantly higher scores on the flexibility and originality measures, while the externals had significantly higher elaboration scores. Richmond and De La Serna (1980) and Chadha (1989) found a significant relationship between creativity and internal locus of control. Bhogayata (1986) conducted a study to compare the creativity and locus of control of 1,014 students with 671 boys and 343 girls studying in Std. X of boys and girls. The findings revealed that the students with internal locus of control were more fluent, original and creative than the students with external locus of control. Chadha (1989) indicated that individuals with internal LOC were reported as being more creative overall. Fei Zi (1998) in his study on two hundred and fifty-five Chinese college students to find the relationship between locus of control and creativity among Chinese college students, it was discovered that the two dimensions of externality, especially chance perception, were more effective than internality in predicting creative abilities. Sayin (2000) stated that internal controlled individuals are creative. Park (2007) investigated the nature and extent of a potential link between creative attitudes and locus of control in fifth-grade children. Quantitative and qualitative methods were utilized in two phases. Results showed moderately high correlations between creative attitudes and internal locus of control as measured by two instruments on creativity (Group Inventory for Finding Talent, Creativity Attitude Survey) with both instruments on locus of control. Pannells et al. (2008) in their study explored the relationship between creative ideation and locus of control. Participants included 182 university students. Assessment tools included Runco Ideation Behaviour Scales, and Rotter's Locus of Control. Results indicated a relationship between creative ideation and external locus of control.

OBJECTIVES OF THE STUDY

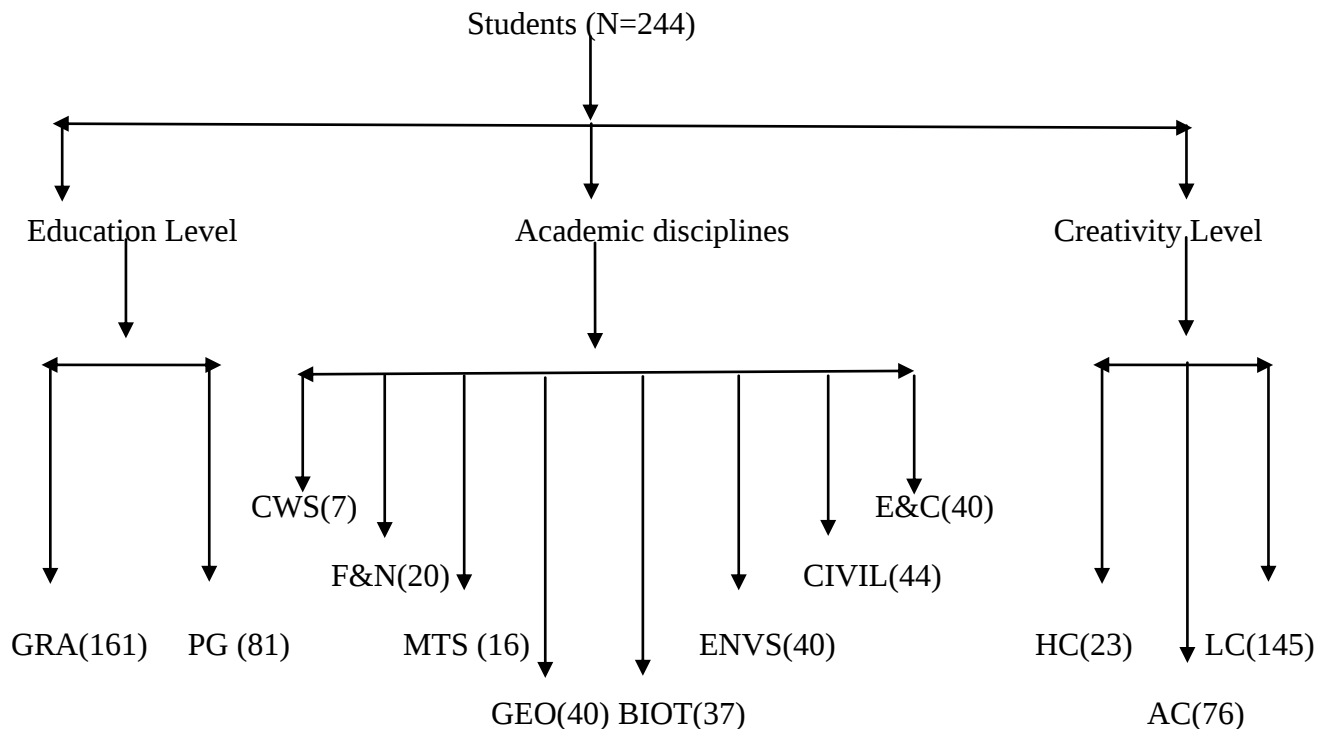
1. To compare the Locus of Control of students with different creativity levels.
2. To compare the Locus of Control (internal v/s external) of graduate and post graduate students with different creativity levels.
3. To compare the Locus of Control (internal v/s external) of students from various academic disciplines (Centre for Women studies, Mathematics, Food and Nutrition, Geography, Biotechnology, Environmental Sciences, Civil Engineering and Electronics & Communication) with different creativity levels.

RESEARCH METHODOLOGY

Research Design

The sample has been selected on the basis of purposive sampling. The total sample selected consisted of 450 students studying in Undergraduate and Post Graduate level in University of Mysore. Out of 450, a total of 244 usable responses were obtained with return rate of 53.3%.

The research design is given below:



Here,

GRA = Graduation

PG = Post Graduation

CWS = Centre for Women Studies

E&C = Electronics & Communication

F&N = Food & Nutrition

MTS= Mathematics

GEO = Geography

BIOT = Biotechnology

ENVS = Environmental Science

CIVIL = Civil Engineering

HC=High Creative

AC=Average Creative

LC=Low Creative

Survey Tools:

A three – part questionnaire was used for data collection.

A) Socio- Demographic

This part of the questionnaire was concerned with collecting socio-demographic details such as name, gender, age, educational level and academic disciplines.

B) Abbreviated Torrance Test for Adults (ATTAs)

The Torrance Tests of Creative Thinking (TTCT) “is the most widely used and most researched creativity test” (Goff & Torrance, 2002, p. 36). The ATTA was developed from the TTCT and both content and face validity have been established by the Scholastic Testing Service (Goff & Torrance).

The ATTA assessment consists of “four norm-referenced abilities and fifteen criterion referenced creativity indicators” (Goff & Torrance, 2002, p. 1).

The four norm-referenced measures are identified as the following :

- Fluency- the ability to produce quantities of ideas which are relevant to the task instruction.
- Originality – the ability to produce uncommon ideas that are totally new or unique.
- Elaboration – the ability to embellish ideas with details.
- Flexibility – the ability to process information or objects in different ways, given the same stimulus.

The fifteen criterion-referenced creativity indicators included the following (Goff & Torrance, p. 2):

- Verbal responses- which included richness and colourfulness of imagery, emotions and feelings, future orientation and humour, conceptual incongruity and provocative questions; and
- Figural responses- which included openness and resistance to premature closure, unusual visualization and different perspectives, movement and/or sound, richness and/or colorfulness of imagery, abstractness of titles, context or the environment for object and articulateness in telling story, combination and synthesis of two or more figures, internal visual perspective, expressions of feelings and emotions, and fantasy.

Raw scores from the four norm-referenced measures were converted to normalize scaled score, and were added to fifteen criterion-referenced indicators which received a score ranging from 0 to 2, to create the creativity index (CI).

A seven- point scaled score was developed to interpret the resulting creativity index and Table 1 provides this essential information.

C) Locus of Control (LOC)

Levenson and Miller (1976) multidimensional scale of I-E control was used to measure LOC. It has 24 items related to two sub areas namely internal control and external control. External control has two sub scales i.e. powerful others and chance. The subjects are required to respond to each item on a 5-point scale. The score on the 8 item of each sub-area was used as a score. The higher the score, greater is the subject's degree of expectancy for the particular aspect of locus of control.

Data Collection and Analysis

After seeking permission from the instructors, the researcher visited the classes in order to administer the questionnaires. The students were made certain that the results remain confidential and their instructors would not see the results of the questionnaires. The questionnaires were administered in one session under standard conditions. The directions of the questionnaires were in English; however, the researcher explained them once more so that participants would have a clear understanding of what they were supposed to do. The data collected were put into Statistical Package for Social Sciences (SPSS) to be analyzed.

RESULTS

Creativity Levels, Different Academic disciplines and Locus of Control

Table 1.1 shows the results of Two Way MANOVA with different academic disciplines and creativity as independent variables and factors of locus of control as dependent variable. The two way MANOVA revealed that various creativity levels impacted significantly on the combined dependent locus of control variables with Wilks' Lambda = .702, F value = 14.167 and significance value = .000. The further scrutiny of the ANOVA table (Table 1.2) according to each variable shows that powerful others, chance control and individual control are significantly different according to creativity level. Scrutiny of the mean table and post hoc tables (Table 1.3, Table 1.3a, Table 1.3b, Table 1.3c) show that students who are high on creativity are significantly high on Individual control as compared to low creative students. The students low on creativity are significantly higher on powerful others and chance control as compared to high creative students.

The two way MANOVA (Table 1.1) revealed that Different Academic disciplines impacted significantly on the combined dependent variables of locus of control with Wilks' Lambda = .75, F value = 3.05 and significance value = .00. Further scrutiny of the ANOVA table (Table 1.2) according to each variable shows that powerful others and chance control are significantly different according to Academic disciplines. Analysis of the mean table (Table 1.4) shows that students from Geography discipline are high on Powerful others whereas students from Centre for Women Studies are lowest on Powerful Others. Again students from Geography

discipline score highest on Chance Control and students from Centre for Women Students score the lowest. Post Hoc Tests were applied for further analysis and the Duncan table (Table 1.4a) showed that Geography students were significantly high on Powerful others in comparison to students of Environmental Sciences, Civil Engineering, Electronics and Communication, Biotechnology, Mathematics and Food and Nutrition whereas students of Centre for Women Studies students were found to be significantly low on powerful other. Duncan table (Table 1.4b) which showed the relationship of Chance control on Different Academic disciplines revealed that Geography students were significantly high on Chance control, Mathematics students were moderate on chance control and Centre for Women Studies students scored the lowest on Chance control. The result shows that geography students scored highest on Powerful other and Chance control (high on external locus of control), whereas Center for Women Studies students scored lowest on Powerful others and chance control (low on Internal locus of control).

The result makes it clear that Geography student's belief is strongest in the fact that events occur because of chance, luck or others with greater power or some external forces beyond their control. And this thinking or belief of Geography students is very obvious because of the fact that their subject in itself directs their thinking to the facts that a lot of events occur which are not under their control like earthquake, volcanic eruptions, floods, tsunami etc. and these events are such which happen in the natural course and nothing is in individual control. And viewing the others where Centre for Women studies students who scored the lowest on the scale of Powerful others and Chance control can be explained by the fact that the subject material of this academic discipline has made the orientation of the students like that, and they belief that external forces have lesser role to play in their life, the students are taught to be sensitive towards women issues, take steps to empower them, remove disparity from society in relation to women and these teachings develop an orientation in students that situations are in their own hands and they have to work and improve the situations by themselves.

The two way MANOVA (Table 1.1) revealed that interaction between creativity level and different academic disciplines impacted significantly on the combined dependent variable locus of control with Wilks' Lambda = .70, F value = 2.23 and significance value = .00. The further scrutiny of the ANOVA table (Table 1.2) according to each variable shows that powerful others, Chance control and Individual Control are significantly different when creativity and different academic disciplines interacts. Analysis of the mean table (Table 1.5) shows that low creative students of Geography are highest on Powerful others and low creative students of Centre for Women students are lowest on Powerful others. Average creative students of Geography scored highest on Powerful Others and average creative students of Centre for Women studies scored lowest on Powerful others. Further High creative students of Centre for Women Studies have scored highest on Powerful Others and high creative students of Environmental Sciences and Civil Engineering have scored lowest on Powerful others. The mean table shows that low creative students of Civil Engineering are highest on Chance Control and low creative students of Centre for Women students are lowest on Chance Control. Average creative students of Geography scored highest on Chance Control and average creative students of Mathematics scored lowest on Chance Control. Further High creative students of Food and

Nutrition have scored highest on Chance Control and high creative students of Environmental Sciences and Civil Engineering have scored lowest on Chance Control. The mean table shows that low creative students of Geography are highest on Individual Control and low creative students of Centre for Women students are lowest on Individual Control. Average creative students of Biotechnology scored highest on Individual Control and average creative students of Geography scored lowest on Individual Control. Further High creative students of Biotechnology and Electronics and Communication have scored highest on Individual Control and high creative students of Centre for Women Students have scored lowest on Powerful others.

The results reveal that students from all the academic disciplines except food and nutrition who are high on powerful others and chance control are low on creativity and vice versa. However the students high on powerful others and chance control from food and nutrition academic discipline are average on creativity. The results also show that students from all the academic disciplines except geography who are high on individual control are high on creativity and vice versa, however in geography students lowest on individual control are average on creativity.

More or less the pattern of the results goes in line with the established relationship of internals being high on creativity and externals being low on creativity. This is probably because to be creative and innovative one has to have belief in self and acceptability of own behavior.

Creativity, Education and Locus of Control

The two way MANOVA (Table 2.1) revealed that Education level of students impacted significantly on the combined dependent variable locus of control with Wilks' Lambda = .92, F value = 3.20 and significance value = .00. The further scrutiny of the ANOVA table (Table 2.2) according to each variable shows that powerful others is significantly different according to Education level. Analysis of the mean table (Table 2.4) shows that Post Graduate students are high on Powerful others whereas Graduate Students are low on Powerful Others. The results obtained in this study regarding education level and locus of control is supported by the earlier findings of Rice (1992) and Whaley (1994), but it stands in contrast to previous research results which states that as the students attain higher education, they tend to become more internal (Cartledge, 1985; Johns, 1992; Schieman, 2001; Slagsvold & Sorenson, 2008). By this study we can say, it's not always that the higher the educational level of a student more is his internal locus of control but instead it would be more appropriate to emphasize the fact that locus of control may fluctuate depending on the phase of life an individual is undergoing along with his educational level. This can further be attributed to the fact that most of the students at graduation level do not feel the pressure of competition to secure higher scores may be because this is not their showcase to the professional world for seeking job. However at post graduation level most of the students feel this pressure of securing more and more so that they can get best of the job. On the other hand high score at post graduation level is dependent on their faculty members and therefore feel controlled by powerful others (probably their faculties).

The two way MANOVA (Table 2.1) revealed that interaction between creativity level and Education Level impacted significantly on the combined dependent variable locus of control

with Wilks' Lambda = .85, F value = 6.57 and significance value = .00. The further scrutiny of the ANOVA table (Table 2.2) according to each variable shows that powerful others and Chance control and Individual Control are significantly different when creativity and Different level of Education interact. Analysis of the mean table (Table 2.5) shows that low creative Post Graduate students are highest on Powerful others and High Creative Graduate students are lowest on Powerful others. Average creative Post Graduate students scored highest on Chance Control and average creative Graduate students scored lowest on Chance Control. Further High creative Graduate students scored highest on Individual Control and low creative Graduate students have scored lowest on Individual Control. From the result it becomes clear that education level has no significant effect on individual control and chance control, but the interaction between creativity level and education level have significant impact on locus of control, and it is found that low creative Post Graduate students are highest on powerful others (External Locus of control) and low creative graduate students have scored lowest on Individual control (Internal locus of control). Further, high creative graduate students are lowest on Powerful others (External Locus of Control) and highest on Individual control (Internal Locus of control). So, we can say that students with Internal locus of control have higher level of creativity in comparison to students with external locus of control who seems to have an lower level of creativity.

These results can again be attributed to the above mentioned probabilities of post graduate students being high on powerful others. Also amongst these students those who are high on creativity may be able to score better because being high on creativity increases the practical implementation power of the student, which is the focus of higher education. You can score high at post graduate level if you know how to practically implement concepts and knowledge.

To conclude the result, it clearly shows that students who have are internal orientation (high Individual Control) are high on Creativity levels and the students who have an external orientation (High Powerful others and Chance Control) are low on Creativity levels. This means that high creative students believe that outcomes in their life depends on their own actions and choices whereas students who are low on creativity believe that outcomes depend on chance, fate or powerful other people. A student high on Individual control will have faith in himself and his ideas, he will not always follow the usual path to solve a problem instead he will look for alternative paths, he will not be afraid to make mistakes since he is confident about himself. A person with Internal Locus of Control has faith and belief in him; hence he will experiment with new and unique things which will ultimately lead to creativity. On the other hand students who have an external locus of control are not confident enough to decide for themselves; hence they follow the usual path set by others which will not lead to creativity.

CONCLUSION

The results obtained during the study bring out three clear cut understanding. Firstly, the students having an Internal Locus of Control are high on Creativity and the students who have an External Locus of Control are low on Creativity. Meaning thereby that high creative students believe that outcomes in their life depends on their own actions and choices whereas students who are low on creativity believe that outcomes depend on chance, fate or powerful other people. Secondly,

students having higher education level are high on External Locus of control in comparison to students of lower education level who have an Internal Locus of Control. This could be so because most of the students at graduation level do not feel the pressure of competition to secure higher scores may be because this is not their showcase to the professional world for seeking job. However at post graduation level most of the students feel this pressure of securing more and more so that they can get best of the job and a comfortable and settled life. On the other hand scoring high on post graduation level is difficult so the students feel that their scores are at the whims of their faculty and therefore feel controlled by powerful others. Lastly, looking at the locus of control of various academic disciplines, the decreasing order of External Locus of Control of various academic disciplines is falling as Geography being on top followed by sciences and engineering, mathematics, food and nutrition and Centre for Women studies has lowest External Locus of Control. This result can be explained in the terms of their orientation which has developed because of the subject they study i.e. in Geography we study the dynamics of ecological environment which is a natural phenomenon whereas in Centre for Women Studies the main idea of the subject matter is to develop sensitivity and belief in self. These results of significant differences in locus of control according to level of education and different academic disciplines is opposite to the popular notion that locus of control is usually permanent trait of personality. The results of this study opens the challenge for researchers to apply time series research or panel research to measure the changes in locus of control in set of individuals over the different phases of life.

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ANNEXURE

Table 1. The Scaled Score for the Creativity Index, with Added Interpretive Information.

Abbreviated Torrance Test for Adult Scoring		
Scaled Score	Percentage of Adults	Meaning
7	4	Substantial
6	12	High
5	20	Above Average
4	26	Average
3	20	Below Average
2	12	Low
1	4	Minimal

Source : Goff & Torrance, 2002, p. 29.

Table 1.1 : Summary of Multivariate Tests for the Factors of Locus of Control According to Academic disciplines and Creativity levels of students.

Effect		Value	F	Hypothesis df	Error df	Sig.
Intercept	Wilks' Lambda	.057	1.222E3	3	220	.000
creativity_level	Wilks' Lambda	.702	14.167	6	440	.000
Academic disciplines	Wilks' Lambda	.758	3.053	21	632	.000
creativity_level * Academic Disciplines	Wilks' Lambda	.709	2.233	36	650	.000

Table 1.2: Summary of Analysis of Variance for All Factors of Locus of Control According to Academic disciplines at three creativity levels.

Source	Dependent Variable	Type III Sum of Squares	df	Mean Square	F	Sig.
creativity_level	powerful_others	55.858	2	27.929	18.130	.000
	chance_control	18.216	2	9.108	5.631	.004
	indi_cont	103.906	2	51.953	22.096	.000
Academic Disciplines	powerful_others	75.275	7	10.754	6.981	.000
	chance_control	39.842	7	5.692	3.519	.001
	indi_cont	22.627	7	3.232	1.375	.217
creativity_level * Academic Disciplines	powerful_others	38.233	12	3.186	2.068	.020
	chance_control	52.371	12	4.364	2.698	.002
	indi_cont	69.490	12	5.791	2.463	.005

Student's Creativity in Relation to Locus of Control: a Study of Mysore University, India

Table 1.3: Mean Scores of Creativity for the Factors of Locus of Control

Dependent Variables	Low Creativity	Average Creativity	High Creativity
Powerful Others	7.14	6.34	4.73
Chance Control	6.27	5.71	4.94
Individual Control	4.92	6.59	7.73

Table 1.3a: Test of homogenous subset – powerful others

creativity_level	N	Subset		
		1	2	3
high creativity	23	4.6957		
average creativity	76		6.5132	
low creativity	145			7.4414
Sig.		1.000	1.000	1.000

Table 1.3b: Test of homogenous subset – chance control

creativity_level	N	Subset		
		1	2	3
high creativity	23	4.9565		
average creativity	76		5.8684	
low creativity	145			6.5103
Sig.		1.000	1.000	1.000

Table 1.3 c: Test of homogenous subset – individual control

creativity_level	N	Subset		
		1	2	3
low creativity	145	5.0483		
average creativity	76		6.5395	
high creativity	23			7.6957
Sig.		1.000	1.000	1.000

Student's Creativity in Relation to Locus of Control: a Study of Mysore University, India

Table 1.4: Mean Scores of Different Academic disciplines for the Factors of Locus of Control

Dependent Variable	CWS	MTS	F & N	GEO	BIOTECH	ENVS.	CIVIL	E& C
Powerful Others	5.667	6.346	6.233	8.167	5.941	6.060	5.875	5.996
Chance Control	5.111	5.487	5.981	7.000	5.641	5.644	5.661	5.478
Individual Control	6.111	5.551	6.274	5.188	6.890	6.681	6.494	6.566

Table 1.4a: Test of homogenous subset – Powerful Others

Academic Disciplines	N	Subset		
		1	2	3
centre for women studies	7	5.5714		
food and nutrition	20	6.1500	6.1500	
Mathematics	16		6.5625	
Biotechnology	37		6.5946	
electronics and comm.	40		6.6250	
civil engg	44		6.8636	
environmental sc	40		6.9000	
Geography	40			8.2000
Sig.		.132	.088	1.000

Table 1.4b: Test of homogenous subset – Chance Control

Academic Disciplines	N	Subset		
		1	2	3
centre for women studies	7	5.1429		
electronics and comm.	40	5.8250	5.8250	
food and nutrition	20	5.9000	5.9000	
Mathematics	16		6.0000	
environmental sc	40		6.0750	6.0750
Biotechnology	37		6.1351	6.1351
civil engg	44		6.2500	6.2500
Geography	40			6.9000
Sig.		.069	.354	.055

Table 1.5: Mean Scores of Creativity X Academic disciplines for All Factors of Locus of Control

Dependent Variable	Academic disciplines	Low creativity	Average creativity	High creativity
Powerful Others	Center for Women Studies	6.000	5.333	5.667
	Mathematics	6.692	6.000	a
	Food and Nutrition	6.500	7.200	5.000
	Geography	8.333	8.000	a
	Biotechnology	6.923	5.900	5.000
	Environmental Sciences	7.565	6.615	4.000
	Civil Engineering	7.778	5.846	4.000
	Electronics and Communications	7.391	5.846	4.750
Chance Control	Center for Women Studies	5.000	5.333	5.000
	Mathematics	6.308	4.667	a
	Food and Nutrition	6.000	6.800	5.143
	Geography	6.500	7.500	a
	Biotechnology	6.423	5.500	5.000
	Environmental Sciences	6.565	5.615	4.750
	Civil Engineering	6.926	5.308	4.750
	Electronics and Communications	6.435	5.000	5.000
Individual Control	Center for Women Studies	4.000	7.000	7.333
	Mathematics	4.769	6.333	a
	Food and Nutrition	5.250	6.000	7.571
	Geography	5.500	4.875	a
	Biotechnology	5.269	7.400	8.000
	Environmental Sciences	5.217	7.077	7.750
	Civil Engineering	4.963	6.769	7.750
	Electronics and Communications	4.391	7.308	8.000

a. This level combination of factors is not observed, thus the corresponding population marginal mean is not estimable.

Table 2.1: Summary of Multivariate Tests for the Factors of Locus of Control According to the Education and creativity levels of students.

Effect		Value	F	Hypothesis df	Error df	Sig.
Intercept	Wilks' Lambda	.145	4.62	3.00	235	.000
creativity_level	Wilks' Lambda	.588	23.79	6.00	470	.000
Education	Wilks' Lambda	.923	3.20	6.00	470	.004
creativity_level * Education	Wilks' Lambda	.851	6.57	6.00	470	.000

Table 2.2: Summary of Analysis of Variance for All Factors of Locus of control According to the Education level of students at three creativity levels.

Source	Dependent Variable	Type III Sum of Squares	df	Mean Square	F	Sig.
creativity_level	powerful_others	146.952	2	73.476	41.812	.000
	chance_control	38.762	2	19.381	11.550	.000
	indi_cont	153.348	2	76.674	32.548	.000
Education	powerful_others	20.522	2	10.261	5.839	.003
	chance_control	7.524	2	3.762	2.242	.109
	indi_cont	10.326	2	5.163	2.192	.114
creativity_level * Education	powerful_others	15.776	2	7.888	4.489	.012
	chance_control	33.844	2	16.922	10.085	.000
	indi_cont	40.139	2	20.070	8.520	.000

Table 2.3: Mean Scores of Creativity for the Factors of Locus of Control

Dependent Variables	Low Creativity	Average Creativity	High Creativity
Powerful Others	7.45	6.69	5.22
Chance Control	6.46	6.08	4.99
Individual Control	5.09	6.30	7.49

Table 2.4: Mean Scores of Education Levels for the Factors of Locus of Control

Dependent Variable	Graduate	Post Graduate
Powerful Others	5.92	6.56
Chance Control	5.59	6.08
Individual Control	6.64	6.10

Table 2.5: Mean Scores of Creativity*Education level for the Factors of Locus of Control

Dependent Variable	Education Level	Low Creativity	Average Creativity	High Creativity
Powerful Others	Graduate	7.41	6.06	4.30
	Post Graduate	7.50	7.33	4.87
Chance Control	Graduate	6.59	5.34	4.84
	Post Graduate	6.32	6.81	5.12
Individual Control	Graduate	4.97	7.12	7.84
	Post Graduate	5.21	5.48	7.62

Perception of Burden and Stigma by Caretaker of Schizophrenia and Bipolar Disorder: a Comparative Study

Nandaniya KiritKumar L*

ABSTRACT:

Background burden of care can be conceptualized into two distinct components (objective and subjective). Objective burden of care is meant to indicate its effects on the household such as taking care of daily tasks, whereas subjective burden indicates the extent to which the caregivers perceived the burden of care. Aim of the present study was to assess level of burden and stigma on caretaker of schizophrenia and bipolar patients. Method researcher took N=80 samples from the population of schizophrenia and bipolar disorder. Researcher used 't' test, 'f' test, correlation test, degree of freedom test to analyzed the data. Results researcher found that caretaker perceived higher stigma and burden, there will be no significant difference in education level. Twenty two (50.0 %) caretaker of schizophrenia perceived moderate to severe burden comparatively 9 (25.0 %) BMD (bipolar manic disorder) perceived moderate to severe burden. Researcher concluded that caretaker of schizophrenia and bipolar both perceived burden and stigma.

Keywords: *Burden, Stigma, Schizophrenia, Bipolar*

INTRODUCTION

Burden of care can be conceptualized into two distinct components (objective and subjective). Objective burden of care is meant to indicate its effects on the household such as taking care of daily tasks, whereas subjective burden indicates the extent to which the caregivers perceived the burden of care

Severe mental disorders such as schizophrenia and bipolar disorder have far-reaching consequences. Evidence suggests that family members experience significant stress in coping with a person with schizophrenia. The patient's relatives experience feelings of loss and grief. They are confronted with uncertainty and emotions of shame, guilt and anger. Like the patient, they feel stigmatized and socially isolated. Their lives may be disrupted by providing more care than would be normal for someone of the patient's age. In cases where the reciprocity between family members is out of balance, normal care changes to caregiving. Addition of the caregiving role to the already existing family role may become stressful, both psychologically and economically.

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Horowitz and Reinhard differentiate between caregiver duties (which encompass the involvement and responsibility of caregivers) and caregiver burden (which they define as the consequence that care giving activities have for families). Treudley referred to burden as the consequence for those in close contact with a severely ill psychiatric patient. The chronic illness of a family member is considered an objective stressor that, because of the care giving tasks, results in a strain for the caregiver or the relative. The consequences for a patient's relatives, formerly referred to as family or care giving burden, have been studied for almost four decades. Initially, the studies were purely descriptive. In the early 1970s, instruments were developed and subsequently used in epidemiological studies and randomized clinical trials. Several researchers have identified factors that adversely influence the experiences of caregivers—psychological and emotional distress; physical illness; disruption of the family, and social and sexual relationships; curtailment of social activities; and financial hardship. The chronic burden of care giving to a patient with schizophrenia is likely to generate negative emotions and their expression. Expressed emotion (EE) comprises critical or emotionally over-involved attitudes and behaviours. A meta-analysis showed a 48% median relapse rate in a high EE environment versus 21% in a low EE environment. Higher subjective levels of burden and personal stress have been reported by high EE relatives compared with low EE relatives. For many carers, frustration, anger, loneliness and despair are common. Levene *et al.* (1996) reported that the Perceived Family Burden Scale, an instrument for measuring patient behaviour and family burden, demonstrated predictive power for early symptomatic relapse in schizophrenia. It is, therefore, observed that the perceived burden has a serious impact on the caregiver's physical and emotional health; social relationships and perception; and expression of negative emotions such as frustration, despair, loneliness and anger, which have an influence on the course of the schizophrenic illness of the patient under care. There is a dearth of studies assessing the burden of caregivers of patients with schizophrenia and illness-related variables such as age, sex, duration of illness, domicile, marital status, education, employment and previous hospitalization. Therefore, this study was undertaken to find out, using the Burden Assessment Schedule (BAS) by Thara *et al.*, (1998) whether there is any correlation between the perceived burden of caregivers of patients with schizophrenia and age, sex, duration of illness, marital status, previous hospitalization, education, domicile and employment status of the patients.

Stigma is a term originating with ancient, great, denoting a visible mark placed or branded on member of trained group such as trainer or slaves (Guffman, 1963).

Over the last 29 years changes in approach in the field of mental health the emergence of community based methods of treatment and the decrease in economic resources have led to a shift in the responsibility for the care of the ill individual from the institution to the family. Having once been identified as the source of the illness blamed and excluded from involvement in care families are now seen as a principal source of support and an important partner in the rehabilitation of the mentally ill. The changes in the mental health system have had a number of important consequences. They have resulted in an increase in the families daily responsibilities

and sources of stress at a time when they are also dealing with the uncertainty and stigma associated with a chronic psychiatric illness in a close relatives responsibilities.

The negative consequences experienced by family caretakers have been traditionally conceptualized as family burden, which has been commonly conceived as having objective and subjective components. Objective burden includes practical routine limitations on the social, occupational, and familial domains of quality of life, and subjective burden includes such psychological reactions of the relatives as anxiety and depression.

What is schizophrenia?

The schizophrenic disorder is characterized in general by fundamental and characteristic distortion in thinking and perception, and by inappropriate or blunted affect. Clear consciousness and intellectual functioning are usually maintained, although certain cognitive deficits may evolve in the course of time (ICD-10). Markedly aberrant, dysfunctional social behavior has long been recognized to be core characteristics of schizophrenia, Pervasive impairment in social functioning are an integral feature of schizophrenia. The diagnosis of schizophrenia according to DSM-IV-TR requires the presence of no specific symptoms (delusions, hallucination), yet there must be evidence of a clear deterioration in functioning in the area of social relationships, work, and self-care.

Bipolar disorder is a serious mental illness that causes extreme shifts in a person's mood. People with bipolar disorder often have recurring episodes of mania and depression throughout their lives, although many are free of symptoms between these episodes.

METHOD:

Aim

The study was conducted to measure the perception of burden and stigma by caregivers of patients with schizophrenia and bipolar disorder.

Objectives

1. To study of burden on caregivers of schizophrenia.
2. To study of stigma on caregivers of schizophrenia.
3. To study of burden on caregivers of bipolar disorder.
4. To study of stigma on caregivers of schizophrenia.
5. A comparison between caregivers of schizophrenia and caregivers of bipolar disorder.

Hypothesis

1. There will be significant difference between caregivers of schizophrenia and bipolar disorder.

2. Caregivers of bipolar perceived more stigma and burden than caregivers of schizophrenia.

Sample

Overall sampling will be done from government hospital of Gujarat. Total sample size will be eighty (N=80).

Inclusion criteria

1. Taking care of a patient who is 18 years old or above with the diagnosis schizophrenia and bipolar disorder diagnosis research criteria of ICD10-DCR.
2. Primary caregivers.
3. Family history of mental illness.

Exclusion criteria

1. Uncooperative caregivers
2. If the patient has a diagnosed other than one or more co morbid psychiatric or physical illness.
3. If the caregivers is not living with the patients for at least 12 month.

Tools for assessment

The following tools have been administered in the study.

1. Clinical data sheet
2. Devaluation consumer scale
3. The zarit burden interview.

RESULT:

The present study aimed to assess and find stigma and burden among primary caregivers of patient with severe mental illness.

Table.1 Socio-demographic characteristics of Sample

Variables		N	%
Age	18-35	45	56.2
	36-50	31	38.8
	51 above	4	5.0
Sex	Male	41	51.2

Perception of Burden and Stigma by Caretaker of Schizophrenia and Bipolar Disorder: a Comparative Study

	Female	39	48.8
Marital status	Married	48	60.0
	Unmarried	26	32.5
	Separated/divorced/widow	6	7.5
Religion	Hindu	56	70.0
	Muslim	24	30.0
Occupation	Employed	24	30.0
	Unemployed	46	57.5
	Others	10	12.5
Family setup	Rural	35	43.8
	Urban	40	50.0
	Semi-Urban	5	6.2
SES	Lower	38	47.5
	Middle	42	52.5

Table.2, Descriptive Statistics of onset of illness and duration of illness.

	N	Mean	Std. Deviation
Onset of illness	80	26.25	8.74
Duration of illness	80	9.62	8.23

Table 3, Distribution of caregivers' responses to statements that measure devaluation of consumers.

Sr. No.	Item	Responses						
		Strongly agree	Agree	disagree	Strongly disagree	χ^2	df	P value
1	Accept person as a close friend.	16(36.4%)	18(40.9%)	5(11.4%)	5(11.4%)	14.17	3	.003*
		0	2 (5.6%)	7(19.4%)	10(27.8%)			
		17(47.2%)						

Perception of Burden and Stigma by Caretaker of Schizophrenia and Bipolar Disorder: a Comparative Study

2	Dangerous and unpredictable.	13(29.5%)	15(34.1%)	5(11.4%)	11(25.0%)	17.69	3	.001**
		15(41.7%)	7(19.4%)	14(38.9%)	0(.0%)			
3	Worse than being addicted to drugs	22(50.0%)	9(20.5%)	5(11.4%)	8(18.2%)	4.90	3	.179
		17(47.2%)	2(5.6%)	6(16.7%)	11(30.6%)			
4	Looking down on	18(40.9%)	11(25.0%)	7(15.9%)	8((18.2%)	1.87	3	.599
		16(44.4%)	9(25.0%)	8(22.2%)	3(8.3%)			
5	Regardless of whether he or she was qualified for the job	2(4.5%)	11(25.0%)	11(25.0%)	20(45.5%)	1.27	3	.736
		4(11.1%)	8(22.2%)	8(22.2%)	16(44.4%)			
6	Thinking less of	6(13.6%)	21(47.7%)	7(15.9%)	10(22.7%)	3.69	3	.296
		10(27.8%)	11(30.6%)	5(13.9%)	10(27.8%)			
7	A sign of personal failure	13(29.5%)	6(13.6%)	9(20.5%)	16(36.4%)	2.86	3	.412**
		5(13.9%)	6(16.7%)	10(27.8%)	15(41.7%)			
8	Women would not marry a man who has been treated for SMI.	16(36.4%)	8(18.2%)	13(29.5%)	7(15.9%)	3.38	3	.335*
		14(38.9%)	4(11.1%)	7(19.4%)	11(30.6%)			
9	People not living with SMI patient	12(27.3%)	18(40.9%)	4(9.1%)	10(22.7%)	12.41	3	.006
		2(5.6%)	10(27.8%)	11(30.6%)	13(36.1%)			
10	Responsible and caring as other parents.	16(36.4%)	16(36.4%)	3(6.8%)	9(20.5%)	15.42	3	.001**
		23(72.2%)	6(16.7%)	4(11.1%)	0(.0%)			
11.	Friendship refusal	9(20.5%)	20(45.5%)	5(11.4%)	10(22.7%)	5.67	3	.128
		13(36.1%)	10(27.8%)	8(22.2%)	5(13.9%)			
12	Decreases visit.	5(11.4%)	24(54.5%)	9(20.5%)	6(13.6%)	11.02	3	.012**
		10(27.8%)	7(19.4%)	13(36.1%)	6(16.7%)			
13	People treat mentally ill patient in the same way	9(20.5%)	13(29.5%)	7(15.9%)	15(34.1%)			

Perception of Burden and Stigma by Caretaker of Schizophrenia and Bipolar Disorder: a Comparative Study

	they treat other families.	10(27.8%)	5(13.9%)	8(22.2%)	13(36.1%)	3.04	3	.384
14	People do not blame parents.	11(25.0%)	15(34.1%)	10(22.7%)	8(18.2%)	2.57	3	.461**
		13(36.1%)	11(30.6%)	4(11.1%)	8(22.2)			
15	Community rejection.	6(13.6%)	11(25.0%)	7(15.9%)	20(45.5%)	3.94	3	.268
		7(19.4%)	5(13.9%)	11(30.6%)	13(36.1%)			

**. Correlation is significant at the $p < .01$ level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

Table.4, Burden among caregivers of patient suffering from schizophrenia and bipolar disorder.

Diagnosis	Burden				χ^2	df	P value
	No or little Burden	Milled or moderate burden	Moderate to severe burden	Severe burden			
Schizophrenia	9(20.5%)	11(25.0%)	22(50.0%)	2(4.5%)	6.05	3	.109**
BMD(Bipolar Manic Disorders)	8(22.2%)	15(41.7%)	9(25.0%)	4(11.1)			

**. Correlation is significant at the $p < .01$ level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

DISCUSSION

The table-1 gives descriptive information about the socio-demographic characteristics of the entire sample. In the sample of 80 patient and caregivers 56.2% were in the age group of 18-35 years. 51.0 % were male. 75.0% educated 25.0% uneducated. 30.0% employed and 57.5% were unemployed. About 50.0% patient and caregivers were from urban background and 43.8%

were from rural background. 60.0% were married 32.5% unmarried, 7.5% were separated/divorced/widow. 70.0% were Hindu and 30.0% Muslim.

Table 2 indicate that mean onset of illness is 26.25 and mean duration of illness is 9.62 standard deviation were 8.74 and 8.23 respectively.

Result of table 3 showing that items and responses of caregivers. Table 3 indicate that 16 (36.4%) caregivers of schizophrenia strongly agree and 17 (47.2%) caregivers of Bipolar disorder strongly agree with 'Accept person as a close friend'. Eighteen cases (40.9%) caregivers of schizophrenia agree and 2 (5.6%) caregivers of Bipolar disorder agree with 'Accept person as a close friend'. Five (11.4%) caregivers of schizophrenia disagree and 7 (19.4%) caregivers of Bipolar disorder disagree with 'Accept person as a close friend'. Five (11.4%) caregivers of schizophrenia strongly disagree and 10 (27.8%) caregivers of Bipolar disorder strongly disagree with 'Accept person as a close friend'. it is significant at $p < .05$ level.

Thirteen (29.5%) caregivers of schizophrenia strongly agree and 15 (41.7%) caregivers of Bipolar disorder strongly agree with 'Dangerous and unpredictable'. Fifteen (34.1%) caregivers of schizophrenia agree and 7 (19.4%) caregivers of Bipolar disorder agree with 'Dangerous and unpredictable'. Five (11.4%) caregivers of schizophrenia disagree and 14 (38.9%) caregivers of Bipolar disorder disagree with 'Dangerous and unpredictable'. Eleven (25.0%) caregivers of schizophrenia strongly disagree and 0 (0.0%) caregivers of Bipolar disorder strongly disagree with 'Dangerous and unpredictable' were significant at $p < .01$ level.

Result of table 3 showing that items and responses of caregivers. Table 3 indicate that 22 (50.0%) caregivers of schizophrenia strongly agree and 17 (47.2%) caregivers of Bipolar disorder strongly agree with 'Worse than being addicted to drugs'. Nine (20.5%) caregivers of schizophrenia agree and 2 (5.6%) caregivers of Bipolar disorder agree with 'Worse than being addicted to drugs'. Five (11.4%) caregivers of schizophrenia disagree and 6 (16.7%) caregivers of Bipolar disorder disagree with 'Worse than being addicted to drugs'. Eight (18.2%) caregivers of schizophrenia strongly disagree and 11 (30.6%) caregivers of Bipolar disorder strongly disagree with 'Worse than being addicted to drugs' it is not significant at any level

Result of table 3 showing that items and responses of caregivers. Table 3 indicate that 18 (40.9%) caregivers of schizophrenia strongly agree and 16 (44.4%) caregivers of Bipolar disorder strongly agree with 'Looking down on'. Eleven (25.0%) caregivers of schizophrenia agree and 9 (25.0%) caregivers of Bipolar disorder agree with Looking down on. Seven (15.9%) caregivers of schizophrenia disagree and 8 (22.2%) caregivers of Bipolar disorder disagree with 'Looking down on'. Eight (18.2%) caregivers of schizophrenia strongly disagree and 3 (8.3%) caregivers of Bipolar disorder strongly disagree with 'Looking down on'. 'P' value were .599 'Looking down on' it is not significant at any level

Result of table 3 showing that items and responses of caregivers. Table 3 indicate that 2 (4.5%) caregivers of schizophrenia strongly agree and 4 (11.1%) caregivers of Bipolar disorder

strongly agree with 'Regardless of whether he or she was qualified for the job'. Eleven (25.0%) caregivers of schizophrenia agree and 8 (22.2%) caregivers of Bipolar disorder agree with 'Regardless of whether he or she was qualified for the job'. Eleven (25.0%) caregivers of schizophrenia disagree and 8 (22.2%) caregivers of Bipolar disorder disagree with 'Regardless of whether he or she was qualified for the job'. Twenty (45.5%) caregivers of schizophrenia strongly disagree and 16 (44.4%) caregivers of Bipolar disorder strongly disagree with 'Regardless of whether he or she was qualified for the job'. 'P' value were .736 'Regardless of whether he or she was qualified for the job' it is not significant at any level

Result of table 3 showing that items and responses of caregivers. Table 3 indicate that 6 (13.6%) caregivers of schizophrenia strongly agree and 10 (27.8%) caregivers of Bipolar disorder strongly agree with 'Thinking less of'. Twenty one (47.7%) caregivers of schizophrenia agree and 11 (30.6%) caregivers of Bipolar disorder agree with 'Thinking less of'. Seven (15.9%) caregivers of schizophrenia disagree and 5 (13.9%) caregivers of Bipolar disorder disagree with 'Thinking less of'. Ten (22.7%) caregivers of schizophrenia strongly disagree and 10 (27.8%) caregivers of Bipolar disorder strongly disagree with 'Thinking less of'. 'P' value were .296 'Thinking less of' it is not significant at any level

Result of table 3 showing that items and responses of caregivers. Table 3 indicate that 13 (29.5%) caregivers of schizophrenia strongly agree and 5 (13.9%) caregivers of Bipolar disorder strongly agree with 'A sign of personal failure'. Six (13.6%) caregivers of schizophrenia agree and 6 (16.7%) caregivers of Bipolar disorder agree with 'A sign of personal failure'. Nine (20.5%) caregivers of schizophrenia disagree and 10 (27.8%) caregivers of Bipolar disorder disagree with 'A sign of personal failure'. Sixteen (36.4%) caregivers of schizophrenia strongly disagree and 15 (41.7%) caregivers of Bipolar disorder strongly disagree with 'A sign of personal failure'. 'A sign of personal failure' 'P' value were .412 it is significant at $p < .01$ level.

Result of table 3 showing that items and responses of caregivers. Table 3 indicate that 16 (36.4%) caregivers of schizophrenia strongly agree and 14 (38.9%) caregivers of Bipolar disorder strongly agree with 'Women would not marry a man who has been treated for SMI'. Eight (18.2%) caregivers of schizophrenia agree and 4 (11.1%) caregivers of Bipolar disorder agree with 'Women would not marry a man who has been treated for SMI'. Thirteen (29.5%) caregivers of schizophrenia disagree and 7 (19.4%) caregivers of Bipolar disorder disagree with 'Women would not marry a man who has been treated for SMI'. Seven (15.9%) caregivers of schizophrenia strongly disagree and 11 (30.6%) caregivers of Bipolar disorder strongly disagree with 'Women would not marry a man who has been treated for SMI'. Item1 'P' value were .335 'Women would not marry a man who has been treated for SMI' were significant at 0.05 level.

Result of table 3 showing that items and responses of caregivers. Table 3 indicate that 12 (27.3%) caregivers of schizophrenia strongly agree and 2 (5.6%) caregivers of Bipolar disorder strongly agree with 'People not living with SMI patient '. Eighteen (40.9%) caregivers of schizophrenia agree and 10 (27.8%) caregivers of Bipolar disorder agree with 'People not living with SMI patient '. Four (9.1%) caregivers of schizophrenia disagree and 11 (30.6%) caregivers

of Bipolar disorder disagree with 'People not living with SMI patient'. Ten (22.7%) caregivers of schizophrenia strongly disagree and 13 (36.1%) caregivers of Bipolar disorder strongly disagree with 'People not living with SMI patient'. 'P' value were .003 'People not living with SMI patient' it's not significant at any level

Result of table 3 showing that items and responses of caregivers. Table 3 indicate that 16 (36.4%) caregivers of schizophrenia strongly agree and 23 (72.2%) caregivers of Bipolar disorder strongly agree with 'Responsible and caring as other parents'. Sixteen (36.4%) caregivers of schizophrenia agree and 6 (16.7%) caregivers of Bipolar disorder agree with 'Responsible and caring as other parents'. Three (6.8%) caregivers of schizophrenia disagree and 4 (11.1%) caregivers of Bipolar disorder disagree with 'Responsible and caring as other parents'. Nine (20.5%) caregivers of schizophrenia strongly disagree and 0 (0.0%) caregivers of Bipolar disorder strongly disagree with 'Responsible and caring as other parents'. 'Responsible and caring as other parents' 'P' value were .001 'Responsible and caring as other parents' were significant at $p < .01$ level.

Result of table 3 showing that items and responses of caregivers. Table 3 indicate that 9 (20.5%) caregivers of schizophrenia strongly agree and 13 (36.1%) caregivers of Bipolar disorder strongly agree with 'Friendship refusal'. Twenty (45.5%) caregivers of schizophrenia agree and 10 (27.8%) caregivers of Bipolar disorder agree with 'Friendship refusal'. Five (11.4%) caregivers of schizophrenia disagree and 8 (22.2%) caregivers of Bipolar disorder disagree with 'Friendship refusal'. Ten (22.7%) caregivers of schizophrenia strongly disagree and 5 (13.9%) caregivers of Bipolar disorder strongly disagree with 'Friendship refusal'. 'P' value were .128 'Friendship refusal' it is not significant at any level.

Result of table 3 showing that items and responses of caregivers. Table 3 indicate that 5 (11.4%) caregivers of schizophrenia strongly agree and 10 (27.8%) caregivers of Bipolar disorder strongly agree with 'Decrees visit'. Twenty four (54.5%) caregivers of schizophrenia agree and 7 (19.4%) caregivers of Bipolar disorder agree with 'Decrees visit'. Nine (20.5%) caregivers of schizophrenia disagree and 13 (36.1%) caregivers of Bipolar disorder disagree with 'Decrees visit'. Six (13.6%) caregivers of schizophrenia strongly disagree and 6 (16.7%) caregivers of Bipolar disorder strongly disagree with 'Decrees visit'. 'P' value were .012 'Decrees visit' were significant at $p < .01$ level.

Result of table 3 showing that items and responses of caregivers. Table 3 indicate that 9 (20.5%) caregivers of schizophrenia strongly agree and 10 (27.8%) caregivers of Bipolar disorder strongly agree with 'People treat mentally ill patient in the same way they treat other families.' Thirteen (29.5%) caregivers of schizophrenia agree and 5 (13.9%) caregivers of Bipolar disorder agree with 'People treat mentally ill patient in the same way they treat other families.' Seven (15.9%) caregivers of schizophrenia disagree and 8 (22.2%) caregivers of Bipolar disorder disagree with 'People treat mentally ill patient in the same way they treat other families.' Fifteen (34.1%) caregivers of schizophrenia strongly disagree and 13 (36.1%) caregivers of Bipolar disorder strongly disagree with 'People treat mentally ill patient in the

same way they treat other families.’ ‘P’ value were .384 ‘People treat mentally ill patient in the same way they treat other families.’ it is not significant at any level.

Result of table 3 showing that items and responses of caregivers. Table 3 indicate that 11 (25.0%) caregivers of schizophrenia strongly agree and 13 (36.1%) caregivers of Bipolar disorder strongly agree with ‘People do not blame parents’. Fifteen (34.1%) caregivers of schizophrenia agree and 11 (30.6%) caregivers of Bipolar disorder agree with ‘People do not blame parents’. Ten (22.7%) caregivers of schizophrenia disagree and 4 (11.1%) caregivers of Bipolar disorder disagree with ‘People do not blame parents’. Eight (18.2%) caregivers of schizophrenia strongly disagree and 8 (22.2%) caregivers of Bipolar disorder strongly disagree with ‘People do not blame parents’. ‘P’ value were .461 ‘People do not blame parents’ were significant at $p < .01$ level.

Result of table 3 showing that items and responses of caregivers. Table 3 indicate that 6 (13.6%) caregivers of schizophrenia strongly agree and 7 (19.4%) caregivers of Bipolar disorder strongly agree with ‘Community rejection’. Eleven (25.0%) caregivers of schizophrenia agree and 5 (13.9%) caregivers of Bipolar disorder agree with ‘Community rejection’. Seven (15.9%) caregivers of schizophrenia disagree and 11 (30.6%) caregivers of Bipolar disorder disagree with ‘Community rejection’. Twenty (45.5%) caregivers of schizophrenia strongly disagree and 13 (36.1%) caregivers of Bipolar disorder strongly disagree with ‘Community rejection’. ‘P’ value were .268 ‘Community rejection’ it is not significant at any level.

Table.4 showing that 9 (20.5) caregivers of schizophrenia perceived no or little burden and 8 (22.2%) BMD (Bipolar Manic Disorders) caregivers perceived no or little burden. Eleven (25.0%) caregivers of schizophrenia perceived Milled or Moderate Burden and 15 (41.7) BMD (Bipolar Manic Disorders) caregivers perceived Milled or Moderate Burden. Twenty two (50.0%) caregivers of schizophrenia perceived Moderate to Severe Burden and 9 (25.0) BMD (Bipolar Manic Disorders) perceived Moderate to Severe Burden. Two (4.5%) caregivers of schizophrenia perceived Severe Burden and 4(11.1%) BMD (Bipolar Manic Caregivers) perceived Severe Burden. It is significant at $p < .01$ level.

CONCLUSION

Researcher concluded that there will be significant differences between caregivers of schizophrenia and caregivers of bipolar disorder. Researcher also concluded that caregivers of schizophrenia perceived more burden and stigma than caregivers of bipolar disorder.

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